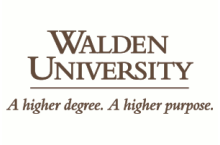

2020

Lived Experience of Concept-Based Educated Novice Nurses Transition to Practice

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This is to certify that the doctoral dissertation by

Kim Hostetter

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2020

Abstract

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Kim Hostetter

MSN, Walden University, 2012

BSN, Florida Hospital College of Health Sciences, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Novice nurses often feel unprepared to transition to practice, which results in increased turnover, which is costly to healthcare organizations and can compromise patient care. Many schools have transitioned to a concept-based curriculum, to move away from traditional content-saturated nursing education. The purpose of this study was to explore the lived experiences of novice nurses educated in a concept-based curriculum as they transitioned to practice. Benner's novice-to-expert framework and Tanner's clinical judgment model guided understanding of the behavior of the nurses during the transition period. This interpretative phenomenological study was used to understand new graduates' perception of their experiences as they transitioned to practice. Eight concept-based nurses were interviewed via Skype. The interviews were audio-recorded and then transcribed. Coding interpretative phenomenological analysis produced four emergent themes and 10 subthemes. The main themes were Facilitating Successful Transition, Hindering Successful Transition, Seeing the Bigger Picture, and Experiencing Job Satisfaction. The consensus was that the use of concepts facilitated integration of the content taught in nursing school, helped nurses to think critically when assessing the care needs of the patients, and facilitated successful transition to practice. The insights from this study may be used by educators to evaluate the curriculum and make changes to facilitate the transition of graduates into clinical settings who can readily use critical thinking and clinical reasoning when providing care to patients.

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Dedication

This dedication is for my husband who provided endless support and encouragement during the journey to obtain my PhD in Nursing. In addition, I would like to thank my daughters, granddaughter, parents, and extended family for all the encouragement and support, the meals cooked, and keeping the household running. I would not have been able to do this without them.

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Chapter 1: Introduction to the Study

The U. S. healthcare system is very complex and will continue to evolve due to the aging of the population, increasingly complex patients often experiencing multiple chronic conditions, the explosion in technology, new treatment modalities, and the continual expansion of knowledge about disease processes (Battie, 2015; Cox, Willis, & Coustasse, 2014; Fletcher & Meyer, 2016; Institute of Medicine (IOM), 2011). Nurses are the largest health care force and must be able to function in a fast-paced, increasingly complex environment (National Advisory Council on Nurse Educators and Practice [NACNEP], 2008). In today's healthcare environment, nurses must be able to make clinical judgments to provide the safest and most appropriate care to patients (Salmond, 2017; Sommers, 2018). As the nursing shortage increases and the healthcare system becomes increasingly complex, there is a critical need for nurses capable of practicing in a fast-paced, challenging environments in order to meet the healthcare needs of the people (Cox et al., 2014; IOM, 2011).

Novice nurses often find the transition to practice challenging, in part due to their lack of skills in critical thinking, clinical reasoning, and clinical judgment, which leads to increased turnover, which is costly to healthcare institutions (Fletcher & Meyer, 2016; Hickerson, Taylor, & Terhaar, 2016; McCalla-Graham & De Gagne, 2014). Novice nurses need to be able to use critical thinking and clinical reasoning to exercise excellent clinical judgment to successfully transition to practice and be able to function as a competent member of the healthcare team (IOM, 2011). This need has led to a call for reform in nursing education to better prepare novice nurses to be successful in practice

(Adams, 2015; IOM, 2011). In this chapter, I present the background, problem statement, the purpose of the study, the research question, the theoretical framework, and the significance.

Background

The Institute of Medicine (IOM) called for radical reform in healthcare education to prepare nurses who can meet the healthcare needs of the nation (IOM, 2003). In the years since 2003 and the initial call for reform, a variety of strategies have been used to increase critical thinking, clinical reasoning, and clinical judgment skills in nursing students. The strategies included problem-based learning, concept mapping, simulation, reflective clinical journaling, and case studies (Adib-Hajbaghery & Sharifi, 2017; Bowman, 2017; Garwood, Ahmed, & McComb, 2018; Gholami et al., 2016; Raterink, 2016). While some of these methods showed promise, none were consistently successful with increasing critical thinking in all nursing students (Adib-Hajbaghery & Sharifi, 2017; Bowman, 2017; Garwood et al., 2018; Gholami et al., 2016; Raterink, 2016). The IOM again called for reform in 2011. The National Advisory Council on Nurse Educators and Practice and the National League of Nursing supported the reform movement; schools of nursing heeded the call (Caputi, 2017; Baron, 2017; NACNEP, 2010; NLN, 2015).

A new way of teaching nursing, concept-based curriculum (CBC), was developed to move away from traditional content-saturated nursing education (Fletcher & Meyer, 2016; Hendricks & Wangerin, 2017; McGrath, 2015). In traditional nursing curriculum, the problem of content overload allowed little time, if any, to develop critical thinking

and clinical reasoning abilities (Baron, 2017; Brussow, Roberts, Scaruto, Sommer, & Mills, 2019; Sommers, 2018). Many schools of nursing have transitioned to a CBC and others are considering the move (Baron, 2017; Brussow et al., 2019; Giddens, 2016; Hendricks & Wangerin, 2017; Lewis, 2014; Sportsman & Pleasant, 2017).

The healthcare environment is fast-paced and increasingly complex, and nurses make up the largest percentage of healthcare workers (NACNEP, 2008). The healthcare system will continue to evolve and change, and novice nurses need to have the ability to adapt (IOM, 2011). The healthcare environment will be affected by a large number of aging Americans, increasingly complex patients often experiencing multiple chronic conditions, the continual explosion in technology, and new treatment modalities, as well as the constant expansion of knowledge about disease processes, medications, and treatments (Battie, 2015; Cox, et al., 2014; Fletcher & Meyer, 2016; IOM, 2011; Vergara, 2017). In today's healthcare environment, nurses must be able to exercise clinical judgment to recognize a change in condition and to make informed decisions not only on when to act, but on what actions to take to provide the safest and most appropriate care to patients (Salmond, 2017; Sommers, 2018). Successful transition to practice involves novice nurses having the ability to use critical thinking and clinical reasoning (Cox et al., 2014; Fletcher & Meyer, 2016). These are skills that lead to excellent clinical judgment and the ability to be a valuable and competent member of the healthcare team (IOM, 2011).

As baby boomers age, there is an increase in the number of nurses retiring and an increasing number of nurses needed to care for the aging population (Vergara, 2017).

Due to the nursing shortage, healthcare facilities struggle to decrease the rate of novice nurse turnover (Kovnar et al., 2016; Vergara, 2017). In the first year of practice, novice nurses often feel overwhelmed and experience high levels of work-related stress (Tong & Epeneter, 2015). The financial cost to hospitals for nurse turnover is estimated to be $62,000 to $67,000 per nurse who leaves within 3 years of beginning practice (Kovnar et al. 2016). As the nursing shortage increases and the healthcare system becomes increasingly complex, there is a critical need for nurses capable of practicing in the fast-paced, challenging environment. Nursing educators in schools of nursing and healthcare facilities must use methods to support transition to practice, critical thinking, clinical reasoning, and clinical judgment (Cox et al., 2014; IOM, 2011; Tong & Epeneter, 2015). This need has led to a call for reform in nursing education to better prepare novice nurses to be successful in practice (Adams, 2015; IOM, 2011).

The transition to practice is a problem that many newly licensed nurses experience (McCalla-Graham & De Gagne, 2014). During clinical practice in nursing school, nursing students have a clinical instructor present who is available for support and to oversee the students providing nursing care (Järvinen, Eklöf, & Salminen, 2018). Transition can be problematic because novice nurses have many more patients to care for, they need to manage their time well, and they need to prioritize care (Hickerson et al., 2016; McCalla-Graham & De Gagne, 2014). They also need to be able to use critical thinking skills in order to use clinical reasoning skills (Järvinen et al., 2018). Clinical reasoning allows the novice nurse to make clinical judgments and act on these judgments, which is necessary to provide safe quality care (Salmond, 2017; Sommers, 2018). When

novice nurses are unsure of themselves and their decisions, they begin to feel overwhelmed, which increases stress and decreases job satisfaction—which is related to intention to leave (McCalla-Graham & De Gagne, 2014; Tong & Epeneter, 2015).

Research results have supported the challenges faced by faculty transitioning to CBC, but there is little research on graduate outcomes (Baron, 2017; Deane, 2017; Sportsman & Pleasant, 2017). The studies conducted have examined students currently enrolled in a CBC (Elliott, 2017; Fromer, 2016; Gooder and Cantwell, 2017; Lewis, 2014; Nielsen, 2016). No studies were found that examined novice nurses who transitioned to practice after graduating from a CBC and their perceptions of their abilities for critical thinking, clinical reasoning, and clinical judgment. This study will fill this gap by examining the perceptions of novice nurses who graduated from a CBC as they transition to practice, and their abilities related to critical thinking, clinical reasoning, and clinical judgment.

Problem Statement

With the continuous evolution and increasing complexity of healthcare, the Institute of Medicine (IOM) called for radical reform in healthcare education to prepare nurses who can transition into practice successfully (IOM, 2003; IOM, 2011). The NACNEP and the NLN supported the reform movement; schools of nursing (SON) developed a new type of program called CBC (Caputi, 2017; Baron, 2017; NACNEP, 2010; NLN, 2015). Faculty faced numerous challenges when transitioning to CBC and had little knowledge of the outcomes for graduates with this pedagogical change (Baron, 2017; Deane, 2017; Hendricks & Wangerin, 2017; McGrath, 2015; Sportsman &

Pleasant, 2017). Although I found studies that explored perceptions of students transitioning to CBC, clinical experiences in CBC, outcomes of CBC versus traditional education students, retention and graduation rates, NCLEX-RN passage rates, and student satisfaction, these studies were all focused on current nursing students in a CBC (Elliott, 2017; Fromer, 2016; Gooder & Cantwell, 2017; Lewis, 2014; Nielsen, 2016). No studies were found that examined CBC-educated novice nurses or the perceptions of CBC-educated novice nurses. This study explores the perceptions and lived experiences of CBC-educated novice nurses as they transition to practice.

An education-to-practice gap has existed in nursing for several years (Hickerson et al., 2016). Novice nurses are not prepared to use clinical reasoning and clinical judgment as they transition to practice. Novice nurses must be prepared to transition from the safe clinical environment of nursing school, to the realities of working in clinical practice (Hatzenbuhler & Klein, 2019). The ability to think critically and use clinical reasoning and clinical judgment is challenging and leads to work-related stress (Fletcher & Meyer, 2016; Hickerson et al., 2016).

Many novice nurses leave their positions within 1 to 3 years, which results in a financial burden for healthcare organizations, may compromise patient safety, and adds to the current shortage of nurses (Cox et al., 2014; IOM, 2011; Kovnar et al., 2016; Vergara, 2017). With the move to CBC, CBC-educated novice nurses' perception of their abilities to use critical thinking, clinical reasoning, and clinical judgment needs to be explored. These abilities often relate to successful transition to practice (Cox, Willis, & Coustasse, 2014; Fletcher & Meyer, 2016).

Purpose of the Study

The purpose of this phenomenological study was to explore the lived experiences of novice nurses, who were educated in a CBC, as they transitioned to practice. Exploring their experiences highlighted their success in using critical thinking, clinical reasoning, and clinical judgment skills acquired during their concept-based education program. The phenomenological approach allowed the participants to share their experiences as they attempted to meet the challenges of being new nurses. The information they shared will allowed educators to evaluate the CBC to determine the need for revisions.

Research Question

RQ1: What are the lived experience of novice nurses who graduated from a nursing program with a concept-based curriculum as they transition into practice?

Theoretical Framework

The theoretical framework for this study was Benner's novice-to-expert framework and Tanner's clinical judgment model. These well-known theories provided a framework to guide this research and an established knowledge base that helped evaluated results. While no articles were found that used a combined approach of these two models, Benner's model had been used in nursing research with Bandura's self-efficacy theory as well as with Duchscher's stages of transition theory and transition shock model (Chappell, Richards, & Barnett, 2014; Murray, Sundin, & Cope, 2019). Tanner's model was directly related because to successfully transition to practice, novice nurses need to be able to exercise clinical judgment.

Benner's Novice-to-Expert Framework

The Dreyfus skill acquisition model was the basis for Benner's novice-to-expert framework (Benner, 1984). Benner's model has five stages: novice, advanced beginner, competent, proficient, and expert. Novice nurses are beginners and as such, have little to minimal experience with the care needs of patients they may encounter (Benner, 1984). They tend to follow rules rather than base their nursing care on experience (Benner, 1984). In nursing practice today, it is expected that nursing students are at the novice stage, and upon graduation, as novice nurses in healthcare institutions, they should be at the advanced beginner stage (Murray et al., 2019). Thus, they are expected to have a situational knowledge base on which to base their care (Benner, 1984). CBC provides the knowledge and comprehension of concepts that are used in clinical situations so that nursing students can apply them to patients, conceptualize their knowledge, reflect on previous experience, and have a base on which to build further knowledge by constructivist learning (Giddens, Caputi, & Rodgers, 2015)

Tanner's Clinical Judgment Model

Tanner's (2006) clinical judgment model consists of four steps: noticing, interpreting, responding, and reflecting. Clinical judgment can mean assessing a patient and identifying an immediate problem or noticing a change in a patient's condition—both of which require a decision to act or not to act (Tanner, 2006). Novice nurses may notice changes in condition or deterioration in a patient but may not have the experience to know the correct course of action (Lavoie, Pepin, & Cossette, 2015). Only with time and experience can a nurse develop the ability to choose the correct course of action (Benner,

1984; Tanner, 2006). Novice nurses educated in a CBC may be equipped to think critically, reflect on their experiences, and use clinical reasoning to practice clinical judgment to help decide to act and the actual action to be taken for the patient (Lavoie et al., 2015; Tanner, 2006). After the experience, the novice nurse can then reflect on the patient's situation, the appropriate action, and the outcome in order to build on their knowledge base for future situations (Benner, 1984; Tanner, 2006).

Nature of the Study

Qualitative research uses a method with a focus on the lived experience of participants and how they perceive and interpret their experiences (Rubin & Rubin, 2012). The philosophical premise of this method is that phenomena can be described as a human experience (Medico & Santiago-Delefosse, 2014; Smith & Eatough, 2019). Interpretative phenomenological inquiry is an appropriate method to explore phenomena that occur in peoples' lives (Kacprzak, 2017; Patton, 2015). The method of qualitative inquiry for this study was an interpretative phenomenological approach; the phenomenon of interest was the lived experience of transition to practice of novice nurses educated in a CBC. The lived experience can involve the nurses' feelings, thoughts, reflections, changes they undergo, perceptions, and even learning or personal growth (Patten, 2015). This type of approach focuses on an interpretation of the description of the lived experiences and looks for deeper meaning (Kacprzak, 2017; Mitchell, 2015).

In phenomenological research, the goal is to understand a novice nurse's perceptions of her or his lived experience of the phenomenon, including the essence the meaning, the changes that resulted, and feelings that arose during transition to practice

(Kacprzak, 2017; Medico & Santiago-Delefosse, 2014; Patton, 2015; Smith & Eatough, 2019). To identify the essence of the phenomenon and obtain rich and detailed data, interviewing the participants was the best approach (Patton, 2015). Thus, the research question focused on the participants' personal feelings, perceptions, and reflection of the lived experience (Smith & Eatough, 2007; Smith & Shinebourne, 2012).

Definitions

Clinical judgment: Clinical judgment is the ability to engage in all aspects of clinical reasoning and take the necessary action, or no action, to meet the needs of a patient based on theoretical knowledge or previous experience (Tanner, 2006). It requires a nurse to make an interpretation or reach a conclusion based on evidence and intuition on relevant information on an unknown or undefined clinical situation (Tanner, 2006).

Clinical reasoning: Clinical reasoning is the ability for a nurse to apply their nursing knowledge, education, and critical thinking skills to recognize patient problems or deterioration, weighing evidence, considering alternatives, and recognizing patterns (Tanner, 2006). This proceeds clinical judgment.

Concept-based curriculum: In a CBC, learning is constructivist in nature and focuses on concepts which are broad categories such as oxygenation, perfusion, fluid and electrolytes, metabolism, and so on (Fromer, 2017; Giddens et al., 2015). For each concept, a few exemplars, which are examples representing a condition within the scope of the concept, are taught (Baron, 2017; Giddens et al., 2015). The students can apply that knowledge to any disease process or health condition without having to learn lists of material that are required in traditional curriculum (Getha-Eby, Beery, Xu, & O'Brien,

2014). The nursing students conceptualize knowledge and are required to think critically and use clinical reasoning for in-class activities where what they have learned is applied. This type of education is student-centered and requires active engagement and application (Baron, 2017).

Critical thinking: Critical thinking is a skill that requires cognizance, time, and practice to develop (Gonzalez, 2018). Critical thinking requires a person to actively use one's mind to consider and use logic and reasoning to come to a conclusion or opinion (Raymond, Profetto-McGrath, Myricka, & Strean, 2018b). It can be used to solve problems or come to conclusions (Gonzalez, 2018).

Novice nurses: Novice can be defined as someone new to an activity or work such as new graduate nurses (Hatzenbhler & Klein, 2019). A novice nurse is a nurse who is just beginning their career and has started their first position in a healthcare facility (Benner, 1984). When an experienced nurse leaves medical surgical nursing for a new position in a different or specialized unit, such as Neonatal Intensive Care, they would be considered a novice neonatal nurse. For the purposes of this study, novice nurse will refer to a newly graduated and licensed registered nurse in their first position at a healthcare facility.

Transition to practice: Transition can be defined to make a move from one stage or situation to another (Arrowsmith, Lau-Walker, Norman, & Maben, 2016). Nursing practice can be described as the role, functions, and authority given to and expected from a nurse as defined by their state board of nursing (American Nurses Association, 2017; Järvinen, Eklöf, & Salminen, 2018; Murray, Sundin, & Cope, 2019). The nurse is also to

have the education needed and to pass the NCLEX-RN to have a nursing license (American Nurses Association, n.d.). Transition to practice is when a newly graduated and licensed nurse accepts their first position in a healthcare facility and takes on the roles and responsibilities of a registered nurse (Arrowsmith et al., 2016; Järvinen et al., 2018).

Assumptions

The following assumptions were made in this study:

1. Participants will be honest and forthcoming about the transition to practice, which is critical to the meaningfulness of the study. This was the primary assumption because there is no way to verify the honesty of their responses.
2. The participants will truthfully identify that they were educated in a CBC and have transitioned to practice.
3. The participants will truthfully verbalize their experiences and perceptions.

Scope and Delimitations

The scope of this study was limited to novice nurses who were educated in a CBC with at least 3 months and no more than 24 months of experience at an acute healthcare facility. This excluded novice nurses educated at schools of nursing with a traditional curriculum.

Limitations

Recruitment of participants was voluntary, and although a purposeful sample of participants was chosen, the results may not capture the experiences of all CBC-educated novice nurses making the transition to practice. The participants graduated from a CBC

and were novice nurses transitioning to practice; therefore, the findings can only be applied to that population.

Significance

The first year of practice is overwhelming for novice nurses, and they experience high levels of stress (Tong & Epeneter, 2015). In order to provide safe, quality nursing care and transition to practice successfully, novice nurses must be able to make clinical judgments which are a result of using critical thinking and clinical reasoning as well as previous experience (Salmond, 2017; Sommers, 2018). No studies were found in the literature that examined novice nurses who transitioned to practice after completing a CBC.

The results of this phenomenological study has the potential for positive social change for novice nurses, educators, patients, and healthcare organizations. An understanding of how CBC educated novice nurses were able to overcome challenges experienced as a new nurse, and how applying knowledge and comprehension of concepts assisted the development of a plan of care for patients, can aid nursing faculty to determine need for CBC revision. The challenges experienced by novice nurses as they transition to the clinical setting may be of use by healthcare organizations as they design on-boarding education to meet the needs of, and retain, novice nurses. Improving the successful transition to practice of novice nurses may increase the safety and quality of patient care and increase patient satisfaction. The insights from this study may be used by educators to evaluate the curriculum and make changes to facilitate the transition of

graduates into clinical settings who can readily use critical thinking and clinical reasoning when providing care to patients.

Summary

The healthcare environment has become increasingly complex and will continue to evolve as a result of new treatment modalities, new technology, the continual expansion of knowledge and increasingly complex patients with multiple chronic conditions. A call for nursing education reform was initiated in part because schools of nursing were producing novice nurses who could not successfully transition to practice. Many novice nurses experience high levels of stress and feel overwhelmed. Some may also struggle with skills in critical thinking, clinical reasoning, and clinical judgment, which can hinder transition to practice and may compromise safe patient care. Many novice nurses leave nursing within the first 3 years of practice. This is financially costly for healthcare facilities and also plays a part in worsening the nursing shortage. The call for reform resulted in many schools of nursing making the transition from a traditional nursing curriculum to CBC (,). The transition required a completely new curriculum focused on concepts rather than content. Content-laden teaching was abandoned, active learning strategies had to be developed, and nursing instructors had to change their teaching methods to be student-centered and have active engagement in the classroom. While many strategies have been used in the past to improve students' critical thinking, clinical reasoning, and clinical judgment, success has been limited. However, CBC is believed to increase these abilities. A qualitative phenomenological approach was used explore the lived experiences of CBC-educated novice nurses transitioning to practice

and their perceptions of their ability to use critical thinking, clinical reasoning, and clinical judgment. The findings of this study may provide information that educators can use to evaluate the need for curriculum revision. In addition, healthcare facilities may use the information to ensure that their orientation programs meet the needs of the novice nurses during their transition to practice in the facility.

In Chapter 2, I present the literature search strategy, theoretical foundation, and the literature review related to the key concepts.

Chapter 2: Literature Review

The healthcare environment is multifaceted and includes new treatment modalities, new technology, continual expansion of knowledge and increasingly complex patients with multiple chronic conditions which creates multiple challenges for novice nurses (Battie, 2015; Cox et al., 2014; Fletcher & Meyer, 2016; IOM, 2011). An education-to-practice gap continues to be problematic because novice nurses are unprepared to competently function in the clinical environment (Fletcher & Meyer, 2016; Hickerson et al., 2016). Also, there is a high attrition rate for novice nurses; this is costly to hospitals and limits the safety and quality of patient care (Kovnar et al., 2016; McCalla-Graham & De Gagne, 2014). This led to a call for nursing education reform, and many schools of nursing transitioned from traditional content-saturated curricula to CBC (Caputi, 2017; Baron, 2017; IOM, 2003; IOM, 2011; NACNEP, 2010; NLN, 2015). There is a critical need for nurses who can meet the needs of patients by functioning as safe, caring, and compassionate professional nurses who can think critically and exercise clinical reasoning and clinical judgment (Salmond, 2017; Sommers, 2018).

In this chapter, I describe the search strategies used for the literature review. A thorough review of Benner's novice-to-expert theory and Tanner's clinical judgment model is presented, including the appropriateness of the theories as the study's theoretical framework. The main concepts for this study are the complex health environment, CBC, novice nurses, transition to practice, and clinical judgment (which include critical thinking and clinical reasoning).

Literature Search Strategy

To search the literature, I used the following databases: The Cumulative Index to Nursing and Allied Health (CINHAL), Medline, Education Resources Information Center (ERIC), Education Source, and Academic Search Premier. For position statements and other research related to nursing, I accessed the following websites: Institute of Medicine, National Advisory Council on Nurse Education and Practice, National Advisory Council on Nurse Education and Practice, and National League for Nursing. The search was limited to English-language articles published from 2014 to the present. I used the following keywords: *nurses, novice, and transition to practice; concept-based education* or *curriculum, concept-based, nursing education or nursing; clinical judgment, clinical reasoning,* or *critical thinking; Benner* and *novice* or *research,* and *Tanner* and *clinical judgment*. The searches produced 478 articles in CINAHL, 122 articles in Medline, 71 in ERIC, 89 in Education Source, and 35 in Academic Search Premier. After removal of duplicates, theses, dissertations, and concept articles, 112 articles were deemed pertinent to the study.

Theoretical Foundation

The theoretical framework for this study was Benner's novice-to-expert framework and Tanner's clinical judgment model. These well-known theories provided the frameworks to guide this research as well as an established knowledge base that assisted with the evaluation of results. While no articles that used a combined approach of these two models in research studies were located, Benner's model had been used in nursing research with Bandura's self-efficacy theory as well as Duchscher's stages of

transition theory and transition shock model (Chappell, Richards, & Barnett, 2014; Murray, Sundin, & Cope, 2019). These theories were directly applicable to this study because Benner's novice-to-expert framework is directly related to novice nurses who will be the population for this study. Tanner's model was directly related because in order to successfully transition to practice novice nurses need to be able to exercise clinical judgment.

Benner's Novice-to-Expert Framework

Benner's novice-to-expert framework was based on the Dreyfus skill acquisition model (Benner, 1984). Benner's model adopted the five stages Dreyfus developed, which are novice, advanced beginner, competent, proficient, and expert, and adapted these to nursing. Novice nurses are beginners and as such, have little to no experience with the patients they may encounter (Benner, 1984). They tend to follow rules rather than base their nursing care on experience (Benner, 1984). In nursing practice today, it is expected that nursing students are at the novice stage, and upon graduation, as novice nurses in healthcare institutions, nurses should be at the advanced beginner stage (Murray et al., 2019). In the advanced beginner stage, nurses are expected to have situational knowledge based on which to guide their care (Benner, 1984). CBC is designed to provide the knowledge and comprehension of concepts which can be applied to any patient (Giddens et al., 2015). These concepts are then used in clinical situations so that nursing students can apply them to patients, conceptualize their knowledge, reflect on previous experience, and have a foundation to build further knowledge by constructivist learning (Giddens et al., 2015). Many beginning nurses are at the novice stage because even

though they have successfully completed nursing school, they are not prepared for the challenges and stressors of clinical practice (Fletcher & Meyer, 2016; Hickerson et al., 2016).

Murray, Sundin, and Cope (2019) used Benner's novice-to-expert theory and Duchscher's stages of transition theory and transition shock model as the theoretical basis for a study of new graduate nurses' transition to practice. The researchers concluded that by using Benner's theory, nurse educators could gain an understanding of expectations of novice nurses and be better able to meet their needs for a successful transition to clinical practice (Murray et al., 2019).

The Progressive Orientation Level Evaluation (POLE) tool was created and based on Benner's novice to export theory and Maslow's hierarchy of needs model (Acuna, Yoder, Madrigal-Gonzalez, and Yoder-Wise, 2017). The tool was accurate and reliable when applied to new graduate nurses' transition to practice from novice to competent during a 10 to 13 weeks orientation (Acuna et al., 2017).

Benner's definition of the competent stage was used to examine the extent to which PowerPoint lecture, expert video, and pre-reading were effective in preparing students before simulation (Franklin, Sideras, Gubrud-Howe, and Lee, 2014). The activities were all effective in preparing students to act at the competent stage during the simulation (Franklin et al., 2014).

Benner's novice-to-expert theory and Bandura's self-efficacy theory were used in a study to examine if transition programs increased new nurse's clinical leadership abilities after 24 months of practice (Chappell et al., 2014). The researchers concluded

that transition programs did increase nurse's clinical leadership skills (Chappell et al., 2014).

Tanner's Clinical Judgment Model

Tanner's (2006) clinical judgment model consists of 4 steps which are noticing, interpreting, responding, and reflecting. Clinical judgment can mean assessing a patient and identifying an immediate problem or noticing a change in patient condition, either of which requires a decision to act or not to act (Tanner, 2006). Noticing is also called cue recognition and is when the nurse recognizes a change in patient condition (Burbach & Thompson, 2014; Tanner, 2006). Interpreting involves understanding what the change in condition indicates and means for the patient (Tanner, 2006). Responding is what the nurse does based on the change in patient condition (Tanner, 2006). Reflecting involves thinking about past experiences when deciding on the course of action, and then after the action is taken reflecting on the outcome of that action (Tanner, 2006). Novice nurses may notice changes in condition or deterioration in a patient but may not have the experience to know the correct course of action (Lavoie et al., 2015). Only with time and experience can a nurse possess the ability to choose the correct course of action (Benner, 1984; Tanner, 2006). Novice nurses educated in a CBC may be equipped to think critically, reflect on their experiences, and use clinical reasoning to practice clinical judgment; this will assist them with their decision to act and the appropriate action to take for the patient (Lavoie et al., 2015; Tanner, 2006). The novice nurse can then reflect on the patient situation, appropriate action taken, and the outcome to build knowledge for future situations (Benner, 1984; Tanner, 2006).

Tanner's clinical judgment model was the theoretical basis for an integrated review of the literature related to nurse's cue recognition (recognizing subtle changes in condition) in patient care (Burbach & Thompson, 2014). Cue recognition is in the first step of Tanner's model – noticing (Tanner, 2006). The model was also used to study newly hired, experienced nurse's clinical judgment capabilities by using case studies with detailed feedback from hospital educators (Lasater, Nielson, Stock, & Ostrogorsky, 2015). Tanner's clinical judgment model was used as the basis for the Lasater Clinical Judgment Rubric (LCJR). Lasater et al. used this rubric for the case study research (2015). The rubric was used by Manetti (2018) to measure pre-licensure nursing students' clinical judgment. Sommers (2018) used the rubric to evaluate clinical judgment for culturally diverse nursing students. The rubric was used by Cazzell and Anderson (2016) to analyze how critical thinking influenced clinical judgment. In a review of the literature, Sommers (2018) found that the most common tool to measure clinical judgment was the LCJR or a variation of it to suit specific study objectives.

Literature Related to Key Concepts

Complex Healthcare Environment

Quality healthcare is one of the pressing concerns of the nation and will be for the next several decades as the need for nurses and the nursing shortage continues to increase (Cox et al., 2014; IOM, 2011). Health care institutions today require nurses who are competent, caring, and able to critically think and exercise clinical judgment in order to provide patients the best care possible (Adams, 2015; Reiger, Chernomas, McMillan, Morin, & Demczuk, 2015). The American Nurses Association (2017) supports the social

context and responsibility of the nursing profession to meet the healthcare needs of the nation, including reform in nursing education and preparation. As the baby boomers age, there is an increase in the number of nurses retiring and an increasing number of nurses needed to care for the aging population (Vergara, 2017). Due to the nursing shortage, healthcare facilities struggle to decrease the rate of novice nurse turnover (Kovnar et al., 2016; Vergara, 2017). The financial cost to hospitals of nurse turnover is estimated to be $62,000 to $67,000 per nurse who leave within three years of beginning practice (Kovnar et al. 2016). Numerous personal and environment factors are associated with intent to stay (Kovner et al., 2016). As the nursing shortage increases and the healthcare system becomes increasingly complex, there is a critical need for nurses capable of practicing in the fast-paced, challenging environment. In the first year of practice, novice nurses often feel overwhelmed and experience high levels of work-related stress (McCalla-Graham & De Gagne, 2014; Tong & Epeneter, 2015).

Novice Nurses

A novice nurse is a nurse who is just beginning their career and has started their first position in a healthcare facility. They are not considered a new graduate nurse because they have passed the NCLEX. When an experienced nurse leaves medical surgical nursing for a new position in a different or specialized unit, such as Neonatal Intensive Care, they would be considered a novice neonatal nurse. For the purposes of this study, novice nurse will refer to a newly graduated and licensed registered nurse in their first position at a healthcare facility.

Many newly licensed nurses struggled with transition to practice (McCalla-Graham & De Gagne, 2014). Nursing school provided the knowledge but did not prepare novice nurses for practice or the roles and responsibilities needed to be successful (McCalla-Graham & De Gagne, 2014). This is supported by Hatzenbuhler and Klein (2019) who found nurse educators need to move away from lecture, implement practice oriented clinical experiences, and use active teaching strategies which include reflection in order to better prepare students for practice and increase clinical reasoning abilities. During clinical practice in nursing school, nursing students have a clinical instructor present who is available for support and to oversee the nursing care they provide to patients (Järvinen et al., 2018). Novice nurses who use critical thinking skills, apply theoretical knowledge, and reflect on previous experiences will demonstrate increase clinical reasoning skills in their clinical practice (Järvinen et al., 2018). Clinical reasoning allows the novice nurse to make clinical judgments and act on these judgments, which is necessary to provide safe quality care (Salmond, 2017; Sommers, 2018).

Novice nurses felt their nursing education prepared them by providing knowledge and background but did not prepare them for professional clinical practice responsibilities (Hatzenbhler & Klein, 2019). Transition can be problematic because novice nurses are assigned to care for many more patients, need to manage their time well, and need to prioritize care (Hickerson et al., 2016; McCalla-Graham & De Gagne, 2014). Novice nursing students' readiness to practice is related to personal and educational factors (Järvinen et al., 2018). An exploration of the personal and professional challenges faced by novice nurses in the first year of practice found the first year as a nurse is a period of

growth and professional development (Ten Hoeve, Kunnen, Brouwer, & Roodbol, 2018). When novice nurses are unsure of themselves and their decisions, they begin to feel overwhelmed. They experience increased stress, decreased job satisfaction, and report anintention to leave practice (McCalla-Graham & De Gagne, 2014; Tong & Epeneter, 2015).

These factors were alleviated by mentorship, support, and training which have a positive effect on retention (McCalla-Graham & De Gagne, 2014). This was supported by Ten Hoeve et al. (2018), who found novice nurses' relationships and support they received from colleagues and supervisors were essential in developing personal identity and gaining self-confidence. Nursing educators, nurse managers, and administrative leadership could evaluate these factors and make meaningful changes to decrease nurse turnover (Kovnar et al., 2015).

Novice nurses experience work-related stress and decreased job satisfaction for a variety of reasons including heavy workload, inexperience, the possibility of making mistakes, amount of responsibility, stress, prioritizing, planning work, and feelings of self-doubt (Järvinen et al., 2018). These findings are supported by McCalla-Graham and De Gagne (2014) and Ten Hoeve (2018). Additional stressors include feelings of inadequacy, difficulty with communicating, and ethical dilemmas (Tong & Epeneter, 2015). These findings were similar to the findings of McCalla-Graham and De Gagne (2014). Stressors, along with poor work-life balance, were related to burnout and intention to leave (Tong & Epeneter, 2015).

Novice nurses transitioning into the acute care setting experience extremely high levels of stress; turnover is financially costly and negatively impacts patient safety and outcomes (McCalla-Graham & De Gagne, 2014). Newly licensed nurses will continue to experience stressors, the stressors should be identified, and schools of nursing and healthcare organizations should take additional steps to decrease these stressors to support the transition of newly licensed nurses (Tong & Epeneter, 2015).

Transition to Practice

Transition to practice is a concept that has been researched for years, but no studies were located in the literature related to the transition of novice nurses educated in a CBC. Nursing practice can be described as the role, functions, and authority given to and expected from a nurse as defined by their state board of nursing. The nurse is also to have the education needed and to pass the NCLEX-RN to have a nursing license. Transition to practice occurs when a newly graduated and licensed nurse, a novice nurse, accepts their first position in a healthcare facility and takes on the roles and responsibilities of a registered nurse.

Novice nurses must be prepared to transition from the safe learning environment of clinical while in nursing school to the realities of working in a hospital (Hatzenbuhler & Klein, 2019). This transition can be challenging and often creates work-related stress and doubt for the novice nurse (Hatzenbuhler & Klein, 2019; McCalla-Graham & De Gagne, 2014; Ten Hoeve et al., 2018). Healthcare facilities use a variety of programs to assist novice nurses to transition to practice successfully. Some facilities use a 10 to 13 week orientation, preceptor programs, a transition program, a residency program, or a

clinical internship (Acuna et al., 2017; Chappell et al., 2014; Lin, Viscardi, & McHugh, 2014; Rossler, Hardin, Hernandez-Leveille, & Wright, 2018; Wardrop, Coyne, & Needham, 2019).

Transition to practice for novice nurses is affected by personal factors. These factors included the ability to care and advocate for themselves; the need to explore personal self-support; to identify social intelligence style; to examine one's own reflection and interpretive style; and the need to fit into the organizational culture (Mellor, Gregoric, & Gillham, 2017). Novice nurses often experience stress, anxiety, emotional upheaval, fear, disappointment, shock, dissatisfaction, and uncertainty (Arrowsmith, Lau-Walker, Norman, & Maben, 2016). This leads to concerns about making mistakes; and providing safe patient care (Mellor & Greenhill, 2014).

Issues identified in transition to practice included lateral violence; high patient acuity; reality shock; the need to fit in with the unit; anxiety; a sense of hopelessness; physical and emotional exhaustion; despair and low self-esteem; high patient-to-nurse ratios; feeling care was unsafe; role stress; and a dysfunctional, chaotic, or unsupportive work environment (Mellor et al., 2017). While novice nurses felt ready for practice, they related unsafe care to their lack of the ability to make sound clinical judgments (Hickerson et al., 2016; Järvinen et al., 2018). Novice nurses reported they did not receive the support, or the amount of support, that was promised as they transitioned to practice (Mellor & Greenhill, 2014). Novice nurses transitioning to practice experienced stressors, have various methods of coping, experience burnout, doubt their ability to function as a nurse, and had difficulty describing nursing's role (Rainbow & Steege,

2019). Novice nurses described a lack of consistent feedback; no guidance or supervision; and unpredictable clinical environment (Mellor & Greenhill, 2014)

The challenges associated with transition to practice issues lead to high levels of stress which often result in new nurse turnover (Mellor et al., 2017). Novice nurses needed to feel supported and have a mentor who can assist the novice nurses to transition to practice as they are striving for a new professional self and know-how (Arrowsmith et al., 2016). Part of the success in transition to practice involves clinical judgment which many novice nurses lack experience with and many did not possess entry-level clinical judgment ability (Hickerson, et al., 2016; Lasater et al., 2015) Successful transition to practice programs included clinical supervision, effective interprofessional relationships, clinical judgment improvement efforts, and leadership support (Hickerson et al., 2016; Järvinen et al., 2018; Laster et al., 2015; Mellor & Greenhill, 2014).

Clinical Judgment

Clinical judgment, clinical reasoning, and critical thinking have the need to be used specifically with consistent terminology and definitions, which is often lacking in the literature (Sommers, 2018). Clinical judgment is the ability to engage in all aspects of clinical reasoning and take the necessary action to meet the needs of a patient based on theoretical knowledge or previous experience (Tanner, 2006). Clinical judgment requires a nurse to make an interpretation or reach a conclusion based on evidence and intuition on relevant information on an unknown or undefined clinical situation (Tanner, 2006). A nurse must be able to think critically and use clinical reasoning to be able to exercise

clinical judgment to successfully practice in the complex healthcare environment that exists today to meet patient needs (Somers, 2018; Tanner, 2006).

Clinical reasoning is the ability for a nurse to apply their nursing knowledge, education, and critical thinking skills to recognize patient problems weigh evidence, consider alternatives, and recognize patterns (Tanner, 2006). Critical thinking requires a person to actively use one's mind to consider and use logic and reasoning to come to a conclusion or opinion, and is a skill that requires cognizance, time, and practice to develop (Gonzalez, 2018; Raymond, Profetto-McGrath, Myricka, & Strean, 2018a). (Tanner, 2006). Critical thinking skills can be taught or improved, but some innate ability to think critically is helpful (Raymond et al., 2018a).

Students needed to develop self-confidence in their skills, their knowledge, and their ability to think critically, clinically reason, and practice clinical judgment to provide safe, effective, quality care (Alamrani, Alammar, Alqahhtani, & Salem, 2018). When students gained knowledge and apply what they have learned in the classroom and clinical experiences, critical thinking skills led to clinical reasoning, and with practice, clinical judgment emerged (Baron, 2017; Reiger et al., 2015).

Clinical reasoning and clinical judgment were identified as fundamental abilities in order for novice and experienced nurses to practice in a safe manner and provide the most appropriate care to patients (Hickersoin et al., 2016; Reiger et al., 2015; Sommers, 2018). Clinical judgment emerged as nursing students gained knowledge, clinical experiences, and practice with faculty who functioned as role models. (Raymond et al. 2018b). Novice nurses were task focused rather than looking at the entire patient picture

(Cazzell & Anderson, 2016; Sommers, 2018). In order to exercise clinical judgment, the nurse must assess and evaluate a patient, decide what information is relevant, and make an informed decision about care or nursing actions (Benner, 1984; Tanner, 2006).

The clinical judgment of junior and senior nursing students during clinical was scored and both junior and senior nursing students had an accomplished level of clinical judgment (Manetti, 2018). These results may have been influenced by the comfort these students felt because their clinical instructor was present and would intervene before any errors occurred. When newly hired novice nurses' transition to practice experiences were explored, it was found that they needed time, flexibility, and experience as well as an experienced mentor to further develop clinical judgment skills to meet patient needs (Lasater et al., 2015; Manetti, 2018; Sommers, 2018). Simulation and case studies focused on clinical judgment were recommended for nursing students and novice nurses entering clinical practice (Cazzel & Anderson, 2016; Lasater et al., 2015).

Researchers concluded that to practice successfully in the complex healthcare environment that exists today, nurses must have the ability to use critical thinking, good clinical reasoning, and excellent clinical judgment to meet patient needs (Laster et al., 2015; Sommers, 2018). Nurse educators need to focus time and resources in developing these skills and use well-defined teaching and learning strategies that promote and support clinical judgment (Manetti, 2018; Sommers, 2018). CBC has been identified as an innovative new way of learning nursing with a focus of application of concepts which leads to increased ability to exercise critical thinking, clinical reasoning, and clinical judgment (Caputi, 2017; Giddens et al., 2015).

Concept-Based Curriculum

In the 1960s, Hilda Taba developed concept-based teaching to support the application of learning (Baron, 2017). In the late 1970s, there was a shift to testing objectives, and teaching conceptually began to disappear (Baron, 2017). Consequently, nursing education began to focus on objectives and became increasingly content laden due to continual advances in healthcare, new knowledge related to disease processes, and the changing responsibilities of nurses (Baron, 2017; Brussow, Roberts, Scaruto, Sommer, & Mills, 2019). Traditional nursing education is problematic due to content saturation, the need to teach massive amounts of content and facts to passive students, and the inability to teach important abilities such as professionalism, clinical skills, effective communication techniques, clinical reasoning, and clinical judgment (Reiger et al., 2015). Also, the biophysical knowledge necessary to understand every health condition, treatment modality, and technology typically taught in nursing can be overwhelming (Baron, 2017; Reiger et al., 2015). Traditional nursing education is content-based, teacher-centered and hinders students in connecting important patient information and providing safe, holistic, quality care since students often ae unable to exercise clinical reasoning and clinical judgment during clinical experiences (Baron, 2017; IOM, 2003; IOM, 2011). With the call for educational reform for nurses, many schools of nursing are transitioning from content-based education to CBC (McGrath, 2016). This research could provide data to support and ease the transition of experienced nursing instructors from traditional nursing education to CBC.

Concept-based education is a way to teach nursing using concepts. Schools of nursing decide what concepts they will teach, define each concept, and choose exemplars for each concept (Hendricks & Wangerin, 2016; McGrath, 2015). Nursing faculty must have prepared activities where students apply what they have learned. These activities assist students to develop their critical thinking skills, which lead to nurses who can think critically and use clinical reasoning skills to exercise good clinical judgment (Giddens, 2016; McGrath, 2015; Neilson, 2016). When CBC is instituted in the classroom and in clinical, deeper learning is fostered, students connect theory to clinical situations, and an increase in clinical judgment often occurs (Nielson, 2016). CBC is learner-centered and requires active student engagement and application of concepts, as well as linking concepts to solve patient problems (Baron, 2017; Deane & Asselin, 2015; Fletcher & Meyer, 2016; Giddens, 2016; Hendricks & Wangerin, 2017; Sportsman & Pleasant, 2017). When CBC is combined with a flipped-classroom approach, using active learning strategies such as concept mapping case studies, clinical journaling, reflective practice, and simulation, it results in an increase in clinical reasoning and clinical judgment for the majority of nursing students (Alfayoumi, 2019; Cappelletti, Engel, & Prentice, 2014; Dehghanzadeh & Jafaraghaee, 2018).

Research conducted on CBC explored student perceptions of transitioning from a traditional curriculum to CBC while in nursing school (Gooder & Cantwell, 2017), and analyzed end of semester outcomes by comparing ATI Nursing Education scores of CBC students and traditional curriculum students (Fromer, 2016). Other studies explored how CBC clinical experiences promoted connecting theory to practice, deeper learning, and

clinical judgment (Nielson, 2016); analyzed before and after CBC to examine retention rates, graduation rates, student satisfaction, and National Council Licensure Examination for Registered Nurses (NCLEX-RN) passage rates (Lewis, 2014); and explored CBC students learning professional values (Elliott, 2017).

Summary and Conclusions

As the nursing shortage increases and the healthcare system becomes increasingly complex, there is a critical need for nurses capable of practicing in the fast-paced, challenging environment. Numerous studies support the difficulties for novice nurses transitioning to practice. Novice nurses transitioning to practice often feel overwhelmed and experience high levels of work-related stress which may lead to new nurse turnover. Traditional nursing education is content laden and promotes rote memorization rather than critical thinking. With the call for nursing education reform, CBC was developed, and many nursing programs have transitioned to this type of teaching. Focusing on concepts, rather than content, results in an increase in clinical reasoning and clinical judgment for the majority of nursing students. Since CBC is a relatively new way of teaching, no research on CBC-educated novice nurses transitioning to practice was located in the literature. This study has the potential for positive social change for novice nurses, educators, patients, and healthcare organizations. The insights gained may reveal needs of CBC-educated novice nurses and provide information about facilitators and barriers to successfully transition to practice as well as challenges with using critical thinking and clinical reasoning in order to make clinical judgments. The best method to

explore the phenomenon of CBC-educated novice nurse transition to practice is a qualitative study using an interpretative phenomenological approach.

In Chapter 3, I present the research design and rationale, role of the researcher, methodology, a description of the population (including inclusion criteria, strategy for sampling, participant selection method), and trustworthiness and ethical considerations.

Chapter 3: Research Method

The purpose of this phenomenological study was to explore the lived experiences of novice nurses, educated in a CBC, as they transitioned to practice. Exploring their experiences highlighted their success in using critical thinking, clinical reasoning, and clinical judgment skills that were acquired during their concept-based education program. The phenomenological approach allowed the participants to share their experiences as they attempted to meet the challenges of a new nurse. The information they shared will allow educators to evaluate the CBC to determine the need for any revisions.

In this chapter, I cover the following topics: research design and rationale, role of the researcher, methodology, a description of the population (including inclusion criteria, strategy for sampling, participant selection method), and trustworthiness and ethical considerations.

Research Design and Rationale

The phenomenon of interest was the transition to practice of novice nurses educated in a CBC. The central concepts for this study were the complex healthcare system, novice nurses, transition to practice, clinical judgment, and concept-based curriculum. The following research question guided the development of the interview questions.

RQ1: What are the lived experiences of novice nurses who graduated from a nursing program with a concept-based curriculum, as they transition into practice?

The method of qualitative inquiry for this study was interpretative phenomenological analysis (IPA). In phenomenological research, the goal is to understand a participant's perceptions of her or his lived experiences of a phenomenon, which includes the essence, the meaning, the changes, and feelings of the experience (Kacprzak.2017; Patton, 2015; Smith & Eatough, 2007; Smith & Shinebourne, 2012). IPA is an appropriate method for exploring phenomena that occur in people's lives, and the philosophical premise of this method is that a phenomena can be described as a human experience (Burkholder et al., 2016; Kacprzak, 2017; Smith & Eatough, 2007; Smith & Shinebourne, 2012). The lived experience can involve the people's feelings, thoughts, reflections, the changes they undergo, their perceptions, and even learning or personal growth (Alase, 2017; Mihilache, 2019). The IPA approach, as described by Smith, Flowers, and Larkin (2009), focuses on interpretative analysis of the description of the lived experiences and looks for deeper meaning.

Phenomenology originated with the theorist Husserl in the 1930s and has been expounded on through the years since by theorists such as Moustakas, van Manen, Giorgi, Riemen, Heidegger, Merleau-Ponty, Sartre, Polkinghorne, and Smith, Flowers, and Larkin (Alase, 2017; Zahavi, 2019). Smith, Flowers, and Larkin (2009) organized, conceptualized, and redefined IPA in a way that increased its ease of use for novice researchers (Alase, 2017). In order to obtain the information to identify the essence of the phenomenon, interviewing the participants is the best approach to obtain data that is rich and detailed, and the research questions should focus on the participants' personal

feelings, perceptions, and reflection of the lived experience (Alase, 2017; Smith & Eatough, 2007; Smith & Shinebourne, 2012).

The best method to explore the phenomenon of CBC-educated novice nurse transition to practice was a qualitative study. Qualitative research uses a naturalistic approach guided by social construction with a focus on how participants perceive and interpret their experiences, which is well suited for this study (Burkholder et al., 2016; Rubin & Rubin, 2012). In IPA the approach is flexible and participant-oriented which allows the researcher to obtain deep and meaningful information about the lived experience as perceived and interpreted by the participant (Alase, 2017; Burkholder et al., 2016; Rubin & Rubin, 2012). The IPA was an appropriate method to explore phenomena that occur in peoples' lives and can involve the novice nurses' feelings, thoughts, reflections, changes they undergo, perceptions, and even learning or personal growth (Alase, 2017; Kacprzak, 2017; Mihalache, 2019). While novice researcher as scholar-practitioners often struggle with the specific type of qualitative approach to use for a study, IPA offers novice researchers a way to conduct research in a manner that is guided and can be replicated (Alase, 2017). IPA guided the study, the researcher's role, the analysis of data, and the interpretation of data (Alase, 2017).

Role of the Researcher

The role of the researcher in phenomenology is to be an observer-participant. The researcher within the context of the study is considered an instrument and their role is to gather and interpret data as well as bringing personal values to the study (Lauckner, Paterson, & Krupa, 2012). The fact that the researcher is involved in the study as the

observer or interviewer means I must put aside preconceived ideas and avoid bias in order to accurately interpret the data (Park & Park, 2016)

Although I was a nursing instructor in the school of nursing where the participants obtained their degrees, no former students were included in the study. I am a nurse educator at one campus of three campuses in Delaware. I did not have any relationship of power with, or was a supervisor to, any former graduates. I did not have a personal or professional relationship with any participants, nor did I use incentives for participation.

As a novice nurse, I experienced the phenomenon of interest, and this could contribute to bias because I could have preconceptions and personal feelings as well as thoughts about the phenomenon of interest (Park & Park, 2016). Throughout the interviews, transcription, and analysis, I practiced reflexive bracketing to minimize the influence of my experience, points of view, and beliefs (Ahern, 1999; Ngozwana, 2018). Reflexive bracketing involves an iterative reflexive process in which I was aware of my ideas and feelings; took time to reflect on these feelings; identified assumptions about the phenomena of interest that I take for granted; recognized the impossibility of being completely objective; recognized the data was seen through my personal lens; and continuously scrutinized my analysis of the data.

Methodology

Participant Selection

The population for this study was novice nurses who had transitioned to practice as a registered nurse in a hospital or medical center. Inclusion criteria were novice nurses who were educated in a school of nursing using a CBC, spoke English, had access to

Skype, were currently working in a hospital setting, and had a minimum of 3 months and a maximum of 24 months experience. Exclusion criteria include being a former student of mine or having previous healthcare experience as a Licensed Practical Nurse, Paramedic, Certified Nursing Assistant, or Armed Services Medic.

A purposive sampling strategy was used for this study. Purposive sampling was used to identify participants who would provide rich, in-depth data (Alase, 2017). Two purposive methods were used to gain access to the population; convenience and snowball sampling. The participants were recruited through online postings on Facebook. Facebook has nine nursing groups with a range of 10,000 to over 900,000 members or followers of each of these groups for a total of over one million. Members of these sites included registered nurses, licensed practical nurse, and certified nursing assistants nationally. The purpose of these sites is to support all nurses, mentor new nurses, and share experiences. Many nursing programs throughout the United States teach using a CBC (Baron, 2017; Brussow, Roberts, Scaruto, Sommer, & Mills, 2019; Giddens, 2016; Hendricks & Wangerin, 2017; Lewis, 2014; Sportsman & Pleasant, 2017). It was anticipated that registered nurses meeting the criteria for this study were available on these sites. Online recruitment had the potential to reach many more people in diverse geographical areas (Christensen et al., 2017; Lane, Armin, & Gordon, 2015). The online recruitment technique worked well for purposive sampling to gather a pool of potential participants along with snowball sampling if the initial response was low (Alase, 2017; Christensen et al., 2017).

In IPA research, the number of participants typically ranges from two to 25 (Alase, 2017; Burkholder et al., 2016). For the purpose of this study and the phenomena of interest, a reasonable sample of 8 to 15 novice nurses was appropriate as long as saturation was achieved (Alase, 2017: Burkholder et al., 2016; Van Rijnsoever, 2017). Data saturation in qualitative research occurs when interviews of additional participants do not yield any new emerging ideas, that when analyzed, identifies a new code (Hancock, Amankwaa, Revell, & Mueller, 2016; Van Rijnsoever, 2017). When saturation occurs, the researcher has obtained sufficient data to answer the research questions and code the data to assist in identifying themes (Van Rijnsoever, 2017). It was essential to identify when data saturation was reached and how this was determined. If this was not included in the study, it impacts the transparency and can negatively affect the trustworthiness of the results (Hancock et al., 2016).

Recruitment and Participation

Participants were recruited through online postings of a flyer on Facebook (see Appendix A). A recruitment flyer identifying the purpose of the study, criteria for participation, what they would be asked to do, and the voluntary nature of their participation, was posted on seven Facebook pages. The flyer included my contact information so that nurses who met the criteria and were interested to learn more about the study could contact me. I screened those that contacted me to learn more about the study by asking five questions (see Appendix B). Those that do not meet the inclusion criteria, were thanked for their interest in the study. I explained to those that met the criteria for participation in the study, the purpose of the study, expectations including

background and procedure, the voluntary nature of the study, that they may withdraw at any point, and risks and benefits of participation. I assured them that everything they shared would be kept confidential. I emailed the informed consent to those who agreed to participate. After obtaining informed consent, I scheduled a convenient day and time to conduct the interview. I used snowballing to recruit additional potential participants as needed. Codes were used instead of names to protect privacy and confidentiality.

Data Collection

Semi-structured interviews collected the data in this study. Interviews were the best way to obtain detailed, rich descriptions of participants' experiences and perceptions (Alase, 2017). Semi-structured interviews allow the novice researcher to have an interview protocol guide with prepared questions and then allow for probes which pertain to the data elicited in response to the question (Alase, 2017; Hoffdling & Martiny, 2015). Skype is an online live platform where individuals can cummunicate face-to-face in real-time (Microsoft, 2019). By using Skype for interviews with recording, I was able to record the time of the interview, the length of the interview, and notes taken during the interview about facial expressions, tone of voice, and pauses.

Instrumentation

The instrumentation for this study included three tools:

1. A demographic survey was adapted from the Casey-Fink survey (University of Colorado, 2006) and included information about gender, age, ethnicity, area of specialty, school of nursing attended, date of graduation, type of degree received, date of hire, and length of orientation (see Appendix C),

2. An interview guide, including 11 questions, was used for conducting the interviews (see Appendix D). I created one opening question at the beginning of the interview to allow the participant and I to establish a relationship characterized by rapport and trust so the participant could feel comfortable to respond to my questions (Alase, 2017). I created seven open-ended questions. These questions were guided by questions to illicit the answers to the main research question and were modeled after questions I used, developed, and refined in a pilot study about nursing instructor transition to CBC. While specific questions in the literature were not found, I designed questions that may have illicit the quotes of some participants from previous studies conducted on transition to practice. There was only one question about clinical judgment, but there were a variety of probes I used to elicit more information depending on how the participants answered that question. Two of the open-ended questions related to transition to practice were adapted from the Casey-Fink questionnaire were included (University of Colorado, n.d.). One final question allowed the participants to reflect on the interview and provided closure.
3. An observation sheet was used during the videos to take notes (see Appendix F).

Summary for Procedures for Recruitment, Participation, and Data Collection

After receiving approval from Walden's IRB (Approval No. 12-16-19-0259365), the following procedural outline was followed.

1. The flyer was posted on Facebook sites (see Appendix A).
2. Nurses who contacted me and were interested in learning more about the study were asked the five questions to determine eligibility (see Appendix B).
3. Nurses who agreed to participate in the study consented.
4. After consent was received, the demographic survey was emailed to participants (see Appendix C).
5. After the return of the demographic survey, an interview was scheduled at a time that was mutually agreed upon and ensured privacy for the participant.
6. Interviews were conducted according to the interview guide (see Appendix D)
7. Each interview was assigned a code to ensure the confidentiality of the participants.
8. Debriefing was done after each interview (see Appendix E).
9. To increase the number of potential participants, at the end of each interview, I asked participants to share the flyer with other potential participants they knew.
10. Any other potential participants who contacted me after I had obtained data saturation were thanked for their interest.
11. The interview was transcribed using Dragon software and checked for accuracy. Transcriptions were encrypted as completed.
12. A copy of the transcript was emailed to the participant to verify accuracy if they were willing to do so.

14. After accuracy was verified, the data was entered into NVivo 12.2.
15. Data analysis was conducted until saturation was reached. No new codes emerged.

Data Analysis Plan

Novice researchers struggle with qualitative data analysis for a variety of reasons including numerous methods to choose from, no one type of analysis fits all, and the time consumed performing the analysis (Erlingsson & Brysiewicz, 2017; Ganapathy, 2016). IPA is the most suitable method to make meaning of the participants experience with transitioning, to capture the essence of this experience, and to develop themes (Noble & Smith, 2014; Smith & Eatough, 2007; Smith & Shinebourne, 2012; Spiers & Riley, 2018). Analysis in IPA is flexible so the researcher can use it to answer the research question and focus the interpretation on the lived experience of the participants (Smith & Eatough, 2007). IPA is inductive, interactive, and iterative throughout (Noble & Smith, 2014; Smith & Eatough, 2007).

I used the following six steps for IPA identified and described by Sandardos and Chambers to analyze the interview data (2019): First, I transcribed the first interview verbatim; second, read the transcription numerous times to become intimately familiar with it; third, made initial notations to capture the essence; fourth, identified key words or emergent themes from initial notes taken during the interview and with reading the transcript; fifth, explored the transcription to identify superordinate themes; and sixth, completed the same process for all transcriptions and then compared and contrasted keywords, codes, emergent themes, and superordinate themes to make sense of and

interpret the data (Sandardos & Chambers, 2019; Smith, Flowers, & Larkin, 2009, Spiers & Riley, 2018),

Finally, I analyzed the themes identified and reported final interpretation of the themes as well as recommendations for using the results for positive social change, which is congruent with IPA (Ajjawi & Higgs, 2007; Smith & Eatough, 2019). Table 1 illustrates the IPA analysis.

Table 1

IPA Data Analysis

Steps	Followed by
Listen to video interview	Take additional interview notes
Transcribe interview verbatim	Take additional notes
	Add all notes in margins or parentheses
Read transcripts	Several times
Make notations in margins/	Note additional keywords /possible codes
Begin code book	
Identification	Line-by-line:
	Keywords
	Codes
	Emergent themes (categories)
	Import into NVivo and run for keywords
Develop	Categories
	Themes
Follow same steps	All other interviews
	Compare and contrast
	Keywords, codes,
	Categories, emergent themes
Develop additional themes	Themes and superordinate themes
	Interpret
	Synthesize interpretation

Connection of data to specific research questions. The data from each question will be compared individually for all transcripts. This will allow patterns and frequently used words to be identified and noted on the transcript. Coding involves reading the transcript, recognizing recurring words and patterns and then assigning words or short phrases (Saldana, 2016). The codes assigned are in essence capturing identification of specific data in the transcript (Saldana, 2016). When the data was coded, I compared one interview guide question at a time from all transcripts. This was also be done in software applications. All data were related to the main research question: RQ1: What are the lived experience of novice nurses who graduated from a nursing program with a concept-based curriculum as they transition into practice?

Type and procedure for coding. Coding the transcripts was done by hand in a line by line fashion and also in NVivo 12.2 software. Initially, I identified key words in each transcript. Some key words may be identified by listening to the interview audio, during transcription, and reading the transcripts, and these key words were noted in the margins of the transcriptions. I will then identify categories for the key words. Categories will then facilitate the development of sub-themes and themes and interpretation of the data.

Software. NVivo 12.2 software was used to store, organize, integrate, and interpret the data in this study. Each transcript was identified by a pseudonym to protect the participant's confidentiality. NVivo can store, organize, interpret, and integrate data (Oswald, 2019). The NVivo 12.2 software was used to support and enhance coding and for identification of key words that I, as a novice researcher, may have overlooked

(Cypress, 2019). NVivo uses nodes which I used to create individual categories and keywords which allowed connection of data to specific research questions (Woods, Paulus, Atkins, & Macklin, 2016).

Discrepant cases. Discrepant cases are cases in which the participant has a different experience of the phenomenon of interest than the majority of other participants. These cases were not disregarded. They were useful because they can strengthen or confirmed the researcher's findings or gave rise to a new finding (Hsiung, 2010; Morse, 2015). Discrepant data was used to analyze the patterns emerging from the data (Barusch, Gringen, & George, 2011; Morse, 2015)). By comparing the discrepant data to the data that is considered the "norm," differences that may be important are evident and allowed me to have a deeper understanding of the phenomena of interest and supported validity (Morse, 2015).

Issues of Trustworthiness

In any research, there can be issues with the trustworthiness of results. In qualitative research, credibility, transferability, dependability, conformability, and intra-coder reliability must be addressed. It is the researcher's responsibility to be aware of these issues and take steps to eliminate them as much as possible and practice reflexivity and reflexive bracketing throughout all study proceedings to increase the trustworthiness of results (Ahern, 1999; Alase, 2017; Ngozwana, 2018).

Credibility

Credibility refers to how truthful the study results are (Connelly, 2016). Prolonged engagement with the participants increased credibility (Connelly, 2016). This

engagement occurs during the interview and any follow-up, and produces plausible thick descriptions and concrete details (Cope, 2014; Noble & Smith, 2015). I used tactics to allow participants to be frank and forthright, did not ask any leading questions, and did not guide participants to specific responses. I provided debriefing, included rich and thick quotes from participants, kept meticulous records, kept a journal of decision making, created a code book, reached saturation, and planned to have respondent validation of transcripts to increase the credibility of the findings (Cope, 2014: Noble & Smith, 2015). Peer review also increased credibility (Noble & Smith, 2015). I used a warm-up question at the beginning of the interview to establish rapport and trust, which may have increased the honesty of the participant's responses to the interview questions. I made observation notes during each interview, used quotes from participants to support themes, and planned to have respondents validate interview transcripts.

Transferability

Transferability is the ability to apply or relate the findings to others (Connelly, 2016). In qualitative research, the results are applicable to the participants and the locations where they originate, such as the school of nursing, healthcare institutions where they work, and onboarding education, but may not be generalized to other participants in other locations. This is why variation in participant selection is important (Noble & Smith, 2015). Transferability also depends on how vivid a picture is painted by the researcher regarding the participants' stories, the variation in participants, and the researchers coding and interpretive results (Connelly, 2016; Noble & Smith, 2015).

Strategies I used to increase transferability included the in-depth description of demographic data, reflective bracketing, and reaching saturation.

Dependability

Dependability is related to data stability, accuracy of the data collection method used, and appropriate techniques for the method (Connelly, 2016). It also depends on the researcher reducing bias in participant selection, interpretation, and beliefs about the phenomena of interest (Noble & smith, 2015) The researcher should engage in self-reflexivity, honesty, and data transparency (Cope, 2014). The researcher must keep an audit trail of decision making and thought processes (Noble & Smith, 2015). Through these practices, the researcher can ensure that data is not misrepresented, and that analysis is consistent and truthful which support research dependability (Connelly, 2016; Cope, 2014; Noble & Smith, 2015). To increase dependability, I did not allow bias to affect themes, practiced reflexivity, used data observation sheets, and used a journal to keep track of thought processes and ideas.

Confirmability

Confirmability is related to the degree the results would be the same or similar if the participants were different (Connelly, 2016). If the researcher's field notes, procedures, journal, and analytic memos, which included thought processes and reasoning for the analysis, are detailed, this allows another researcher to replicate the study and possibly obtain similar results (Connelly, 2016;). A detailed description of the data analysis, as well as ongoing critical reflection of the method of data analysis, also increased confirmability (Connelly, 2016; Noble & Smith, 2015). I considered and

recognized positionality of the researcher due to my role and relationship to the context of the research being conducted (Ravitch & Carl, 2016). As the observer and interviewer, I put aside preconceived ideas and biases in order to accurately interpret the results (Park & Park, 2016). Reflexivity in this study required me to be aware of my perspective and the effect of this when constructing knowledge from data as well as in all aspects of the study (Houser, 2015; Medico & Santiago-Delefosse, 2014; Ravitch & Carl, 2016). I will increase confirmability by providing detailed demographic data, practiced reflexivity, made a detailed description of data analysis, and kept a journal to keep track of thought processes and ideas.

Intracoder Reliability

Intracoder reliability was present in this study since I am a single researcher (Bolognesi, Pilgram, & van den Heerik, 2017). As I immersed myself in the interview transcripts and interview notes, I created a codebook for the first interview and used this to analyze other transcripts (Noble & Smith, 2015). I kept an audit trail of my thought processes during immersion in the data and during coding. In subsequent transcripts, new codes emerged, and I added these to the codebook. I used NVivo 12.2 for data storage and code identification. The code identification supported my manual coding and also could produce codes, that as a novice researcher, I did not identify (Cypress, 2019; Woods, 2016).

Ethical Procedures

Many areas in research involve ethics. First, the study must receive IRB approval before being conducted, which seeks to prevent harm to participants (Ngozwana, 2018;

Opsal et al., 2016). The study itself, the procedure for conducting the study, the information shared, confidentiality, and truthfulness are ethical components that can affect any qualitative study (Ngozwana, 2018; Opsal et al., 2016). The privacy of participants must be protected at all times, and they must be treated with respect (Doyle & Buckley, 2017; Opsal et al., 2016). All data was stored on a personal computer with a password, and all files were encrypted. I respected the shared experiences that participants provided and treated this data with respect. I did not allow my personal opinion of the participant responses to show when conducting the interview or ask leading questions or probes to affect participant responses. When writing the study results, I used pseudonyms and was careful not to provide any information that could possibly identify the participant (Doyle & Buckley, 2017). It was possible that unforeseen ethical dilemmas, such as sharing of patient information, could occur during the research process and it was my responsibility to apply ethical and moral principles to the situation (Opsal et al., 2016). I did not share any information with anyone other than the dissertation committee, and no one else had access to the information. If any ethical concerns or issues had risen, I would have contacted the IRB to ask how to address the issue. In this way, I, as well as the IRB, minimized the risk of harm for participants (Doyle & Buckley, 2017; Opsal et al., 2016).

I addressed any ethical concerns with my committee members and followed their advice since they have expertise in this area. Recruitment occurred on Facebook. This did not pose any ethical dilemmas. All data and interviews were encrypted, confidential, and stored on a password-protected personal computer that was used only for this

dissertation. After interviews were listened to again and transcribed, they were verified for accuracy. The transcription documents will be kept for a period of 5 years and then permanently deleted. Any printed items will be shredded. The data were removed from NVivo 12.2.

Summary

This research method for this study was a qualitative inquiry. The design was a phenomenological approach using IPA. Phenomenology was appropriate to explore the lived experience of novice CBC-educated nurses transitioning to practice because it searched for a richer, deeper meaning of the experience and facilitated understanding of a participant's perceptions of the lived experience. The role of the researcher was a participant-observer since I have experienced transition to professional nursing practice, conducted the interviews, collected data, analyzed data, and interpreted meaning. The population for this study was novice nurses who were educated in a CBC, had no prior medical experience, and were working in a hospital setting for at least 3 and no more than 24 months. After IRB approval, recruitment was done by flyers posted on Facebook nursing sites. After potential participants signed informed consent, they filled out a demographic survey, and interviews were scheduled. I conducted semi-structured audio recorded Skype interviews at a time that was mutually agreed upon to ensure privacy. The interviews were transcribed by using Dragon software and sent to the participant to verify accuracy if they agreed to verify accuracy of the transcript. All transcripts were encrypted and stored on a secured personal password-protected computer. I alone have access to the computer and know the password. A six-step process for IPA was used for

analysis. Also, NVivo 12.2 software was used for storage, organization, and coding. Ethical procedures and specific steps to ensure trustworthiness of the data were done. All information was be kept confidential, and pseudonyms for participants protected their identity.

In Chapter 4, the study itself is presented. The setting and demographics are described. The data collection and analysis are presented. Trustworthiness is addressed and the results are presented.

Chapter 4: Results

The purpose of this qualitative phenomenology study was to explore the lived experiences of novice nurses who were educated in a CBC as they transitioned to practice. The phenomenological approach allowed the participants to share their experiences as they attempted to meet the challenges of being a new nurse. The information they shared will allow educators to evaluate the CBC to determine the need for any revisions and allow healthcare facilities to consider additional onboarding educational needs for novice nurses. The research question for this study was:

RQ1: What are the lived experience of novice nurses who graduated from a nursing program with a concept-based curriculum as they transition into practice?

In this chapter, I cover the following topics: the research setting and demographic information of the participants. The data collection and data analysis were described. The trustworthiness of the study was addressed, and the research results were presented.

Setting

The setting for this study was Skype interviews of novice nurses recruited on Facebook nursing sites. During the initial 2 months of recruitment, only one novice nurse was recruited and actually connected via Skype at the agreed date and time. At this point, after researching incentives with online recruitment, I completed the IRB change in procedure form, and was granted permission to use a $35 e-gift VISA card as an incentive. After reposting to nursing sites on Facebook, I recruited 11 candidates who met the inclusion criteria. Of these, seven were interviewed via Skype within a 2-week

time period. During this time COVID-19 developed and the remaining three candidates were unable to schedule an interview.

Demographics

Each participant was emailed a demographic survey. This survey asked for age, gender, ethnicity, unit they worked on, degree they received, and length of orientation. The participants were located from the east coast to the west coast of the United States. The participant's ages ranged from 24 to 51. The majority of participants were female, obtained an Associate Degree, and worked in different areas. Please see Appendix G for area of specialty and length of orientation.

Data Collection

After expressing interest, the candidates were asked five questions, using Facebook or e-mail, from the eligibility questionnaire (see Appendix B). The candidates who met the inclusion criteria had been in practice as a RN from 13 weeks to 23 months and 2 weeks. They were then emailed the informed consent. The demographic survey (see Appendix C) was emailed to those who consented, and interviews were scheduled at the participant's convenience.

Eight participants who participated in semi structured Skype interviews. The Interview Protocol Guide (see Appendix E) was used to conduct each interview. All interviews were interactive; if the participant said something I did not understand, I could ask what they meant or how they felt about it. This strategy produced deeper and more meaningful information. Each interview was audio recorded on my personal password secured laptop computer using Windows voice recorder and my password secured

iPhone. The interview was transcribed by using Dragon transcription software. I verified the transcribed information with the audio recordings and edited grammatical errors to enable a clearer understanding. The recording on my iPhone was deleted and the recording on my laptop computer was saved. One interview was done in January 2020 and the remaining seven were completed in March 2020. The interviews lasted between 56 and 74 minutes. Regardless of the duration of the interview, transcripts were about the same length due to some participants taking time to think and answering slowly, and some participants answering immediately and talking very fast. See Appendix G for the duration of interviews.

The interviews were conducted, transcribed, and read several times to obtain data immersion. The only variation was that three participants had pictures posted in Skye, so I was unable to see facial expressions because they chose to only show their picture. I could hear tone of voice, hesitations, and pauses. Additional interviews were not conducted because data saturation had been reached with six interviews and with one discrepant case. Three remaining potential participants were not able to schedule an interview due to the COVID-19 pandemic.

Data Analysis

After each interview was conducted, I listened to the audio recording and took additional notes. The interviews were then transcribed verbatim from the audio recording using Dragon voice to word transcription and putting pauses, laughter, smiles, and facial expressions into parenthesis so I could see where they occurred. I then read the transcription several times to immerse myself in the data and add notes while identifying

key words and possible categories that I listed in a code book. I then created a code book with a list of 15 key words (Appendix I) and emergent themes for that interview. After reading, I used the process of line by line coding to add to keywords, codes, and emergent themes. I then imported into NVivo 12.2 and searched for additional keywords. No additional keywords were located. The same process was used on the rest of the interviews, and I further refined the list of codes and emergent themes (Appendix J), while considering possible superordinate themes. The superordinate themes emerged as I recognized and identified similar data from multiple participants.

The emerging themes were found in 50% or more of the 7 transcripts that shared similar thoughts, feeling, and experiences of transitioning to practice. Many of the emerging themes such as peer and preceptor relationships, contained factors in each that hindered or facilitated the transition to practice. Superordinate themes emerged as the emerging themes were systematically grouped.

Discrepant Case

There was one discrepant case. A discrepant case occurs when a participant has a different experience with the phenomenon of interest (Morse, 2015).. One participant was an older woman and started her position a few days before several young new RNs began on the same floor. She saw how the experienced nurses treated the new nurses which she described as “they eat their young” and “they are mean to them” which she felt was not conducive to transitioning successfully. She stated, because of her age, the other RNs on the floor assumed she had worked elsewhere as an RN. So, she did not tell them she was a novice RN because she did not want to be treated that way. Participant 4 described her

transition as “stressful but every new job is stressful, this is just a different kind of stress.” This was not corroborated by other participants. She feels very comfortable with her skills and stated her ability to “fake it til you make it.” Her main difficulty with transitioning was having to attend daytime training when she was working nightshift. This participant provided information that was not corroborated by other participants. She also reported information that is unethical and unsafe nursing practice and care related to the transition process. In addition, she portrayed a negative attitude toward peers, did not seek assistance while admitting there was a lot that she did not know, and did not seem to be successfully transitioning to practice. She was relying on the training program to provide the information she needed to learn.

Evidence of Trustworthiness

Credibility

The majority of participants wanted to get to know me on Facebook before they would private message me their personal emails. Building rapport and trust began during that time. Initially, I established rapport and trust with the participant during our initial communication on Facebook; however, during the interview, I followed the Interview Protocol Guide and asked the warm-up question. I used listening and communication skills to allow participants to be frank and forthright, I did not ask any leading questions, and I did not guide participants to specific responses. I provided debriefing and included rich and thick quotes from participants. I kept meticulous records including length of warm-up, length of interview, length of debriefing. I created a code book and updated it as additional interviews were completed and transcribed. Eight interviews were

conducted. Data saturation was reached after the 6th interview as no new information or codes emerged. I continued to interview participants because the study plan stated 8 to 15 participants and with such a small number, new information may have emerged with further interviews. All participants were asked if they would like to validate the transcripts to increase the credibility of the transcripts (Cope, 2014: Noble & Smith, 2015). However, they all declined for reasons such as time or stated they did not think it was necessary.

Transferability

Transferability is the ability to apply or relate the findings to others and also depends upon how vivid a picture is painted by the researcher of the participants' stories (Connelly, 2016; Noble & Smith, 2015). The transferability of qualitative research is limited because the results are applicable to the participants and the locations where they originate, such as the school of nursing, healthcare institutions where they work, and onboarding education, but may not be generalized to other participants in other locations. Detailed demographic information including age, gender, ethnicity, area of practice, and length of orientation were presented.

Variation in participant selection is important and participants in this study ranged widely in age, ethnicity, area of specialty, type of nursing degree received, and length of orientation. Reflexive bracketing involves an iterative reflexive process in which the researcher actively remains aware of ideas and feelings, reflects on these feelings, identifies assumptions about the phenomena of interest, recognizes the impossibility of being completely objective, recognizes the data is seen through a personal lens, and

continuously scrutinizes the analysis of the data (Ahern, 1999; Alase, 2017; Ngozwana, 2018). I practiced reflexive bracketing and used an iterative reflective process in which I remained aware of my ideas and feelings about the transition to practice, took time to reflect on these feelings, identified assumptions about the phenomena of interest that I previously took for granted, recognized the impossibility of being completely objective, recognized the data is seen through my personal lens, and continuously scrutinized my analysis of the data.

Dependability

Dependability is related to data stability, accuracy of the data collection method used, and appropriate techniques for the method (Connelly, 2016). All interviews were conducted in the same way following the Interview Protocol Guide. Strategies I used to increase dependability, included I did not allow bias to affect coding categories, or themes, and practiced self reflexivity. I discovered that the transition to practice as described in detail by the participants was very different from what I experienced many years ago which assisted with reflexive bracketing. In addition, I used data observation sheets for interviews, and kept a journal of notes to keep track of thought processes and ideas.

Confirmability

Confirmability is related to the degree the results would be the same or similar if the participants were different (Connelly, 2016). I practiced reflexivity and put aside any preconceived ideas and biases during analysis and to increase accuracy of interpretation of results. I provided a detailed description of procedures and data analysis. In addition, I

kept a journal of notes to keep track of my thought processes and ideas during data analysis.

Results

The four superordinate themes and related subthemes will be discussed in this section. Superordinate Theme 1: Facilitating Successful Transition had 5 Sub-themes. Superordinate Theme 2: Hindering Successful Transition had 3 Sub-themes Theme 3: Seeing the Bigger Picture: Using Concepts had 4 Sub-themes - Superordinate Theme 4: Experiencing Job Satisfaction had 3 Sub-themes The themes and sub-themes are presented in Table 2.

Table 2

Lived Experience of Novice Nurses: Superordinate Themes and Subthemes

Superordinate Themes	Sub-themes
Facilitating successful transition	Supportive preceptor relationships
	Supportive peer relationships
	Opportunities to connect concepts
	Feeling Prepared
	Gaining confidence
Hindering successful transition	Feeling unsupported: Preceptors
	Feeling unsupported: Peers
	Feeling unprepared
	Feeling discouraged
Seeing the bigger picture: Using concepts	Putting it together
	Knowing what to do
	Viewing patients holistically
	Making clinical judgments
Experiencing job satisfaction	Enjoying the experience
	Gaining insights
	Surviving the transition

Superordinate Theme 1: Facilitating Successful Transition

There are many factors that play a part in successful transition to practice. These factors include preceptor and peer support; opportunities to connect; feeling prepared, gaining confidence, and surviving the transition. The majority (*n* = 6) of participants had positive relationships with their preceptors and their peers. These relationships provided support, assistance gaining experiences, and orienting to the unit and patient care. All the participants shared what activities from their CBC were instrumental in teaching the concepts and how to apply them to patient situations. Several (*n* = 4) shared personal factors and skills that allowed them to be prepared for the transition to nursing practice.

Supportive preceptor relationships. All participants (*n* = 8) shared their experience with preceptors. All agreed a good relationship with the preceptor is key in successfully transitioning to practice. The role of the preceptor is to watch over and teach a novice nurse all they need to know about the unit, and everything encompassed in providing care for the patient population The preceptor is to watch over and teach a novice nurse, support them in practice, and nurture that nurse so they successfully transition to practice. The role of the preceptor is instrumental in training novice nurses in all aspects of patient care and the healthcare organization's policies and procedures. The preceptor provides guidance and "watches over" the novice nurse. Participants (*n* = 6) shared that they felt their preceptors were "amazing" and "always available." One participant shared:

> I have a great preceptor. Umm he's a young guy. He's younger than my son. And he's very watchful and guides me. He's very good. He's able to guide me where he needs to, without being overbearing. I feel like it's a very good fit.

Supportive peer relationships. While the preceptor is instrumental in the transition to practice, peer relationships also play a key role in the novice nurse's level of comfort and assimilation into the culture of the unit. Novice nurses (*n* = 2) felt they could go to any nurse on the unit for assistance of any kind. Other nurses (*n* = 3) felt that they could go to many of their peers but not all for assistance. One nurse stated that "feeling appreciated" helped her adjust to the unit. One nurse stated "I have so much support with my peers that like if I have a question or run into a dilemma, I'm not going to be alone. I won't hesitate to ask anybody that I'm working with." This was supported by another participant:

> The good thing with me was my other coworkers. They're very supportive, very nice. I wasn't scared, embarrassed, or afraid to ask questions. I feel like that helped a lot, not being quiet, being proactive, and asking whatever I had an issue with or problem or I wasn't sure about, they would help me with that.

Opportunities to connect concepts. All participants (*n* = 8) identified factors and experiences during nursing school that were beneficial in promoting learning and applying concepts and beneficial to successful transition to practice. The responses were somewhat different for each participant and this may be due to different learning styles. Participants (*n* = 7) thought that "clinical experiences" during nursing school "helped with applying concepts" to nursing practice. Several participants (*n* = 3) who had clinical

preceptorship for several weeks in the last semester of nursing school felt "the experience was the most helpful in transition" to practice. One participant shared: "Clinical experiences and my preceptorship for the last 6 weeks of the program helped a lot with the concepts I learned in class. This was beneficial for transition." Participants (*n* = 3) felt that the "flipped classroom" and "active learning discussing and applying concepts" assisted in learning and applying concepts. Participants (*n* = 7) shared what specific activities in nursing school helped them learn and apply concepts. The participants were able to "connect concepts to clinical practice". Participants (*n* = 8) shared several factors facilitating learning concepts and transition to practice were case studies, clinical experiences, skills practice, simulation, NCLEX questions, oral reflection, reflection journaling, and concept maps, webs, or fish-boning. There were no participants who experienced all of these activities in their school of nursing program. One participant shared: "Having good preceptors in clinical helped with transition."
Another participant shared: "Active learning discussing and applying concepts. Reflection journals – you learn about what you did and about yourself and are like a self-help tool and are good with the nursing role in thinking about the patient."

Feeling prepared. Participants identified various factors that they felt helped with transition to practice. Some of these items were personal abilities and some related to support. Support from family and significant other was a key finding. Hospital, administration, and managerial support was also important

Participants (*n* = 2) shared being "good at time management" helped prepare them for transition. One participant shared "personality, confidence, and flexibility" helped

with transition." Several participants described reflection as being instrumental in transitioning to practice. One participant shared:

> I try to always fall back on the books and what I was taught and the concepts and then see how does this work in reality. I think my leadership class helps me to make decisions and I know what to expect and what really helped me is to know the scope of practice -what I can do and what I can't do. Also, it has helped me to develop better relationships with everyone - doctors, my coworkers, nursing assistants, security guards, and everyone.

Several participants (n = 5) shared that support from family and significant others was very beneficial and necessary during transition. One participant shared: "You really need a good support system because, like I was saying I am married and I have kids, and if not for my husband, my house would probably fall apart. He um, he does a lot, a lot."

Gaining confidence. Many participants (n = 6) felt a lack of confidence in their abilities as a registered nurse. Some responses indicated "time and experience" would assist with gaining confidence in their abilities. Other participants shared they needed to "gain confidence" (n = 4) in many areas and the need for "ongoing education" and "learning" (n = 3). Several participants (n = 4) who felt weak with skills shared "the more you do something" means you feel more "confident and comfortable". A few participants (n = 4) shared they "didn't know everything yet" and there was "always room for improvement." One participant shared: "I need more confidence and more skills practice, and reflect on every skill and procedure, and every situation to help me gain confidence."

Several participants (*n* = 3) shared they "liked learning, "loved learning", and "gaining confidence" and "being successful" was linked to ongoing education. One participant described it as "life-long learning" and shared: "You are always learning and evolving as a nurse."

Superordinate Theme 2: Hindering Successful Transition

Participants (*n* = 8) shared many factors that hindered successful transition to practice. A few participants shared issues with preceptors and peers that made transition difficult. Another sub-theme that emerged was not feeling prepared for practice. Most participants identified multiple reasons that caused them to feel unprepared for transition and practice.

Feeling unsupported: Preceptors. The preceptor's role is to teach, watch over, and support novice nurses as they transition to practice. When this relationship is not good or goes awry, it can create difficulties is the successful transition to practice for the novice nurse. The issue may be multiple preceptors which can also cause difficulties. One participant shared that she and her preceptor did not get along. She shared:

> I got matched with my preceptor and we did not get along. The quality of my preceptor experience was less because his teaching method was very restricted to what he wanted me to learn or do instead of exploring different ways of doing something. That is why I felt disappointed, because I felt could be seeing different ways of doing something, but he wouldn't let me try that. The travelers actually taught me more and showed many different ways of doing things.

Another participant had multiple preceptors due to being short-staffed. He felt that "each preceptor focused on something different" and had their own ways of doing things. He shared:

> It was good in seeing how the same thing could be done differently, but bad because they all expected me to follow their way. I feel like there are plusses and minuses for sure for having different preceptors during orientation.

He felted it would have been more beneficial if he had just 1 preceptor and then later, after orientation, he could learn different ways of doing something.

Feeling unsupported: Peers. Negative peer relationships can hinder successful transition to practice. While the majority of participants had both negative and positive relationships with peers, there were several who shared that some older nurses "eat their young" and always find a reason to criticize them. Almost all of the participants (n = 7) had negative experiences with peers and five of them used the phrase "eat their young" when describing older experienced nurses. One participant was actually not honest with her peers about being a new nurse because she saw how the nurses on the floor treated new nurses in their first nursing position. This participant had witnessed several of the young novice nurses actually leave their jobs due to this treatment. She stated:

> The nurses do not know I am new because I am older, and they thought I was already a nurse somewhere else. I didn't tell them the truth because I have seen them 'eat their young' with new graduates and I did not want to experience that.

One participant shared how older nurses have forgotten how it feels to be a new nurse and "the traditional nurses were it's either my way or the highway" which made it

difficult. The novice nurse had to perform the care in the same way as the experienced nurse rather than the way they were comfortable with and may have been taught by their preceptor. She did not ask questions and shared when she "didn't know or wasn't sure of something" because as she stated, "that is how she learned." Another participant shared: "six high acuity patients to one nurse is very, very difficult. I don't feel safe most days. It is very scary."

Feeling unprepared. Participants identified multiple factors that can hinder transition to practice. These included skills, personal factors, the transition experience. and feeling underappreciated and overwhelmed**.** A few participants (*n* = 6) identified factors that they did not learn in nursing school that would have benefitted transition to practice. Several related these directly to contributing to lack of confidence and felt like "the skills part was actually my weakest aspect as a nurse ."A lack of confidence for a variety of reasons was experienced by many participants (*n* = 7)**.**While many participants mentioned lack of skills (*n* = 5), 3 participants repeatedly mentioned lack of nursing and technical skills throughout the interview. Several related these directly to contributing to lack of confidence. Several (*n* = 3) participants shared they did not feel appreciated or supported by the healthcare organization or nurse managers. Participants (*n* = 3) felt "overwhelmed: due to the nurse to patient ratio and acuity of the patients and two of them felt it was "scary and unsafe".

All participants (*n* = 8) shared they felt nursing school was focused on teaching what they needed to "know to pass NCLEX" and not on "transition to practice" or what it was really like to be a nurse. Participants (*n* = 2) felt "nursing schools lays the

foundation" for practice but doesn't provide a true picture of what it is going to be like. One participant shared nursing school "didn't really focus on the day-to-day tasks of being a nurse, and textbook learning is different than the real world practice."

The participants began transition with "not knowing what to expect" and found it "very challenging." The majority of participants had a myriad of feelings when transitioning to practice. It was evident by responses that transition to practice is challenging, stressful, and can actually cause fear and anxiety. Many participants (n = 6) were not prepared for the transition to practice and the feelings it invoked. Participants (n = 2) described it as traumatic. One participant shared: "Transition was and is difficult, I have fears and anxiety about patient's crashing, I feel scared and need a day off to fully recover, it is very scary." Another participant shared

> Being a student nurse and being an actual nurse is very, very different and you have anxiety because you never know what kind of patient you're going to get. I had a lot of anxiety, a lot of fear. Being a student nurse and being an actual nurse is very, very different. It's nerve-racking. Things are going so quick you feel like you're drowning almost.

A few participants (n=4) identified factors that they did not learn in nursing school that would have benefitted transition to practice. Participants felt they had "poor delegation skills" which increased their workload. Several (n = 5) felt they had "difficulty prioritizing" and had "no experience with admissions, discharges and teaching patients" (n = 1). All participants felt these were necessary skills (n = 8). One participant shared: "If you have a hard time delegating that is huge. You are going to sink. You are going to

definitely need to learn how to delegate and don't delegate too much." Another participant shared: "I was not good at prioritization and focused so much on that, that I was not really looking at my patients and my preceptor pointed that out."

Feeling discouraged. Novice nurses experience work-related stress and decreased job satisfaction for a variety of reasons, including heavy workload, inexperience, the possibility of making mistakes, amount of responsibility, stress, prioritizing, planning work, and feelings of self-doubt (Järvinen et al., 2018). When novice nurses are unsure of themselves and their decisions, they begin to feel overwhelmed, which increases stress and decreases job satisfaction which is related to intention to leave (McCalla-Graham & De Gagne, 2014; Tong & Epeneter, 2015). One participant shared:

> It sounds quaint, but I thought I was going to change the world, but I felt a lack of trying to build a relationship with my patients, because as a new nurse, I was so focused on getting things done on time before my shift ended. Not being able to establish rapport and a relationship with my patients – that was one of the things that got me the most when I first started and something I was not expecting.

Of the eight participants, six were considering leaving their current position. One was considering changing units because "it is getting repetitive" and wanted "increased and different experiences." One participant was interested in becoming an "APRN for a nine to five" job that would be better for her family relationships and responsibilities. One participant was going on an interview to see if another healthcare organization could "beat the benefits" she had currently, and one was planning on leaving for benefits

reasons. Two other participants did not intend to stay at the organization where they were currently working for specific reasons related to transition to practice. These reasons included “unsafe nurse to patient ratio and lack of hospital support” (*n* = 3) and “lack of needed supplies, lack of training that was required, constantly being short-staffed, and too short of an orientation” (*n* = 1). One participant shared: “I am maxed out at six. It is very, very difficult. I don’t feel safe most days. It is very scary.”

Superordinate Theme 3: Seeing the Bigger Picture: Using Concepts

CBC was developed to teach students concepts that would provide knowledge that a student could apply to every patient. This is believed to increase critical thinking and promote transition to nursing practice. While learning of concepts began in nursing school, several participants described how increased learning about concepts occurred during the transition to nursing practice. In this section, information shared by participants will focus on putting it all together, knowing what to do, and viewing patients holistically.

Putting it together. Putting it all together is when a nurse can use their knowledge of concepts and see how they interact. They can also see and understand that if one concept is affected in a certain way, it also affects at least one, but often several other concepts. This allows the nurse to focus on patient needs and assist with providing the appropriate care. A statement by one participant was “you can apply your knowledge and the concepts for patient situations, and this has helped with providing care for patients.” Other responses (*n* = 4) supported this statement. They felt that “seeing how they interact” and how they can now “see the concepts connect and build on each other”

allowed the novice nurse to "apply them in practice." One participant stated, "concepts and theories give me a background and are going to help me so much because everything comes together." Another stated, "when I have a patient, something I haven't seen before, I am able to build on previous knowledge and put all the concepts together."

Knowing what to do. Several novice nurses (*n* = 5) felt that by "knowing and understanding" concepts, helped them to better develop the plan of care to provide to the patient. Participants (*n* = 2) specifically discussed if there was a "problem with oxygenation" they "knew what to do" and what "other concepts connected" that they should be concerned about. Other participants (*n* = 3) using and understanding concepts assisted with seeing the "bigger picture" and guided them in having a better understanding of the care needed by the patient." One participant stated:

> I've come across a lot of different conditions where we were not necessarily taught them, but are able to identify them, because of those things we learned with each concept. You know, it makes a huge difference. I don't feel so clueless and that is half the battle.

Viewing patients holistically. Holistic nursing care is an expectation of many health care organizations and patients (Jasemi, Valizadeh, Zamanzadeh, & Keogh, 2017).When viewing the patient as a whole human being, nurses can grasp an in-depth understanding that allows them to have a better understanding of patients' care needs and patients' responses to that care (Jasemi et al., 2017) Several participant (*n* = 7) realized "in reality all the systems mesh together" and (*n*=4) felt you have to "see the patient as a

whole." One participant stated: "when I go into a room, I am treating the whole person not just the illness," which was supported by other participants (*n* = 2).

Making clinical judgments. While two participants felt confident in their clinical judgment skills the majority of participants felt that they lacked good clinical judgments skills. They lacked confidence in this area and tended to need assistance from experienced nurses. Critical thinking and clinical reasoning allows the novice nurse to make clinical judgments and act on these judgments, which is necessary to provide safe quality care (Salmond, 2017; Sommers, 2018). The ability to use critical thinking and clinical reasoning along with reflecting on previous experiences and concepts leads to clinical judgment. The participants (*n*=6) were not confident in their abilities related to clinical judgment, but a few (*n* = 2) felt they were doing well in this area as novice nurses. All of the participants (*n* = 8) shared they were able to recognize a change in the patient status. Most (*n* = 6) indicated they were able to reflect on similar experiences and apply concepts to "know what to do" or have an idea of what to do. The majority of participants (*n* = 6) were "not confident in trusting" their own clinical judgment without having a more experienced nurse in agreement. One participant struggling with using clinical judgment shared:

> I do recognize a change in patient condition but I'm a lot slower than other experienced nurses and I don't usually know what to do. And sometimes I am like scared to recognize it too. I think it's very scary as a new grad to trust my own clinical judgment. Transition to practice has allowed me to realize that you really need to focus on the patient himself because every situation is different.

Another participant who felt she was beginning to use clinical judgment shared:

> I have good critical thinking skills and need guidance with clinical judgment. I think it will come with time and experience. I notice a change in condition, think critically and have a little click with judgment, it just clicks – I am waiting for the big click with judgment.

One of the participants, who had taken a year to feel comfortable in her position, shared an example that exemplified clinical judgment and then shared:

> I recognize a change in condition through a gut feeling or things I see in the patient. I guess some of it is intuition and some is what is changing in the patient. I reflect to those case studies, concepts, and on what I have experienced in clinicals or in practice to know what to do.

Superordinate Theme 4: Experiencing Job Satisfaction

Novice nurses can identify personal satisfaction factors that assist them to balance the stress and challenges they are facing. These can make the difference in the novice nurses having a positive or negative attitude about their own unique transition to practice experience. Most participants (*n* = 7) had a positive attitude about continuing to be a practicing nurse, even if they did not intend to stay in their current position.

Enjoying the experience. All the participants (*n* = 8) in this study choose to be nurses because they genuinely "cared about people" and wanted to "help people." Participants (*n* = 6) felt that some of the most satisfying things about being a nurse was related to patients and they reported that they liked "the relationship (they) developed with patients." A few (*n* = 2) felt most satisfied "when the patient improves" and when

patients come back to “visit and thank them” for the care they received. This became even more evident when some shared what they liked about their jobs. Some participants were very happy with their schedules and “loved being self-scheduling;” their “benefits package and pay was very good; and they enjoyed “making a difference” for patients and families. One participant stated:

> I like hearing people’s stories. Everyone has a different story and they’re not just a patient. So, I try to connect with my patients on a more personal level and kind of try to make them feel good in that way – forgetting a little bit about their disease and condition and just treating them like a normal person.

Gaining insights. Novice nurses transitioning to practice have certain expectation for themselves and what the experience of transitioning will be like**.** M**o**st participants (n = 6) shared thoughts from their unique experience of transition to practice. Every individual had different experiences and emotions while transitioning to practice and sometimes questioned why they became a nurse. Several participants (*n* = 4) shared that there was a “huge emotional impact” that they were not expecting due to patients “transitioning toward the end of life” and not having the time “to make the connection” and a “have a personal relationship” with their patients. One participant shared:

> I was not aware of the huge emotional impact because some patients [children], are terminal but I know I can make a difference.1t’s been stressful. I don’t feel like I don’t want to go to work, but I am a little anxious though.

A few participants (*n* = 3) experienced something they were “not expecting.” One participant found that “things I expected to be challenging” were not, and things she did

not expect to be challenging "were difficult." One participant shared she was "a lot less trusting" because you could not count on other nurses charting correctly and accurately assessing the patient. She felt she had to check the patient and the charting herself. Another nurse shared:

> I did not kind of anticipate having so much conflict between different, I guess you could say, levels of nursing. We all have the same license, we all are on the same unit but sometimes I just get patients in a condition, a relatively unacceptable condition, in my opinion. It's been hard to address that without going over the top with it, if that makes sense. Umm, so it's almost like, almost like that they (other nurses) don't realize it is a problem.

One participant after talking about transition shared: "I feel like that's what transition is - learning to embrace the new changes and work with it while trying to find a place for yourself in it."

Surviving the transition. Some participants (*n*=4) shared strategies they used to successfully transition. In addition, they (*n* = 4) identified the need to incorporate self-care practices during transition. One participant bought a hot tub with her first paycheck and shared she "needed to decompress" and the drive home was not enough time but the hot tub "did the rest." Another participant also shared that she needed to take the time "to recover from a shift" and even though her husband didn't understand what she was talking about "he was a good listener." Two participants went to work 30 minutes early to make a "brain sheet" and a "plan for everything that needed to be done." For example,

they used different colors of ink to identity the different tasks they needed to accomplish. These participants attributed these with helping them transition successfully.

Summary

The purpose of this study was to explore the lived experience of novice nurses who graduated from a nursing program with a CBC as they transition into practice. This chapter provided an audit trail of how participants were recruited and how data was collected and analyzed. There were 8 participants who all signed informed consent and filled out a demographic survey. All interview data was organized and managed in NVivo 12.2. The trustworthiness of the study results were addressed. The interview protocol guide was used for all interviews. The participants provided responses to answer the research question.

Positive peer and preceptor support facilitates the novice nurses' transition to practice. Negative peer or preceptor relationships had a detrimental effect on transition to practice. The use of concepts was beneficial to novice nurses because they helped the nurses to use concepts to learn in nursing school, while transitioning, put it all together, and treat patients in a holistic manner. The participants felt that nursing school taught them the concepts and prepared them to pass NCLEX but did not prepare them for the challenges and difficulties of transition to practice. The majority of participants had difficulty transitioning and discussed challenges and feelings during this period. The described factors that facilitated their transition as well as factors they felt hindered their transition. The majority were all still struggling with feeling confident in their ability to use clinical judgment. Some felt that the CBC assisted them in this area and used

reflection of knowledge or previous clinical experiences to support decision making. Many felt that ongoing learning to build on knowledge from their CBC was necessary.

In Chapter 5, I present key findings will be summarized and the interpretation, comparison to the literature, limitations, implications for positive social change, and recommendations will be provided.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative phenomenology study was to explore the lived experiences of novice nurses—educated in a CBC—as they transitioned to practice. The phenomenological approach allowed the participants to share their experiences, thoughts, and feelings as they attempted to meet the challenges of being new nurses.

The key findings indicated that the transition to practice is indeed challenging but that multiple factors can facilitate the successful transition and multiple factors that can hinder the transition. One key finding indicated that having positive and supportive relationships with peers and preceptors was important. Support from families, significant others and the healthcare facility also played an important role. The participants felt that the nursing school provided a foundation for practice and prepared them to pass the NCLEX. The majority did not feel that nursing school prepared them for the transition or for nursing practice.

The participants shared the various methods that were used to teach CBC and that clinicals were instrumental in applying concepts. Several participants reported that, during transition, they were able to put it all together, for example, using concepts to think critically when assessing the care needs of the patient. Many stated they lacked needed skills, lacked confidence, and did not feel prepared for practice. The responses to using clinical judgment ranged from being relatively comfortable with it, learning it, or needing to depend on experienced nurses. Job satisfaction was a key area that influenced intent to leave. Of the eight participants, one wanted to change to a more challenging floor in the same healthcare organization, one was exploring various benefits packages at

other institutions, and four intended to leave the healthcare organization where they were currently working -one for advanced practice, and three wanted to change to a different healthcare organization. Transition creates stress, anxiety, and fear and it can be traumatic for the novice nurse. Participants indicated the need for continual learning and the need to build their confidence.

Interpretation of the Findings

In this section, the results of this study to previous findings. For each superordinate theme and subtheme, the results are compared to the literature to discover if they confirm, disconfirm, or extend knowledge about the transition to practice of CBC-educated novice nurses. The results are then be interpreted in relation to Benner's novice-to-expert framework and Tanner's clinical judgment model.

Superordinate Theme 1: Facilitating Successful Transition

Supportive preceptor relationships and supportive peer relationships. The results of this study indicated that supportive preceptor and peer relationships were needed to successfully transition to practice. Similarly, the literature report that mentorship, support, and training have a positive effect on retention (McCalla-Graham & De Gagne, 2014). This finding was also supported by Ten Hoeve et al. (2018), who found that novice nurses' relationships, and the support they received from colleagues and supervisors, were also essential in developing personal identity and gaining self-confidence.

Opportunities to connect concepts. Results from this study indicated that CBC-educated novice nurses were taught concepts and connecting concepts together by a

flipped classroom and active engagement using a variety of activities. This knowledge helped them adapt to understanding patient condition and what patient care was needed. This is supported by a study that found when a CBC is combined with a flipped-classroom approach, using active learning strategies such as concept mapping case studies, clinical journaling, reflective practice, and simulation, it results in an increase in clinical reasoning and clinical judgment for the majority of nursing students (Alfayoumi, 2019; Cappelletti, Engel, & Prentice, 2014; Dehghanzadeh & Jafaraghaee, 2018).

Feeling prepared and gaining confidence. In this study, participants identified various factors that they felt helped with the transition to practice. Some of these items were personal abilities and some related to support from family, friends, and significant others. Hospital, administration, and managerial support was also important. Good skills in time management, critical thinking, and personality traits such as confidence, and flexibility were factors that prepared them for the transition to practice. Even while feeling prepared, when the transition was happening, they experienced a lack in confidence related to nursing skills, thinking like a nurse, and realized how much they did not know. This is supported by studies that found that while novice nurses felt ready for practice, they related unsafe care to their lack clinical skills and the lack of the ability to make sound clinical judgments (Hickerson et al., 2016; Järvinen et al., 2018). These results also support the study that found personal factors affect successful transition to practice (Mellor et al., 2017).

Superordinate Theme 2: Hindering Successful Transition

Feeling unsupported: Preceptor and peer relationships. According to the results of this study, novice nurses felt that there was an atmosphere of "nurses eat their young", experienced nurses have forgotten what it feels like to be knew, and sometimes will yell at novice nurses and find a reason to disparage the care or charting done by the novice nurse. Novice nurses needed to feel supported and have a mentor who can assist the novice nurses to transition to practice as they are striving for a new professional self and know-how (Arrowsmith et al., 2016). Without this support the novice nurse may face increased difficulty with successful transition to practice.

Feeling unprepared. The novice nurses in this study shared nursing school laid a foundation and prepared them for NCLEX, but did not prepare them for practice or transition According to the literature, novice nurses felt their nursing education prepared them by providing knowledge and background but did not prepare them for professional clinical practice responsibilities (Hatzenbuhler & Klein, 2019). Nursing school provided the knowledge but did not prepare novice nurses for practice or the roles and responsibilities needed to be successful (McCalla-Graham & De Gagne, 2014; Hatzenbuhler & Klein, 2019).

Feeling discouraged. The results from this study indicated 6 out of 8 participants were planning to leave their current positions. Only 1 of these wanted to stay at the same healthcare organization. High patient to nurse ratios with increasing acute patients were reason for 2 of the participants planning to leave. According to the literature, when novice nurses are unsure of themselves and their decisions, they begin to feel

overwhelmed. They experience increased stress, decreased job satisfaction, and report an intention to leave practice (McCalla-Graham & De Gagne, 2014; Tong & Epeneter, 2015). Additional issues included Issue in transition to practice included lateral violence; high patient acuity; high patient to nurse ratios; feeling care was unsafe; and role stress (Mellor et al., 2017).

The fact that 5 plan to leave the healthcare organization where they were working supports the study that found due to the nursing shortage, healthcare facilities struggle to decrease the rate of novice nurse turnover (Kovnar et al., 2016; Vergara, 2017). This leads to increased financial costs for hospitals and often higher patient to nurse ratios (Kovnar et al., 2016).

Superordinate Theme 3: Seeing the Bigger Picture: Using Concepts

Putting it together and knowing what to do. These sub-themes were developed in response to participant's information about how concepts assisted to put it all together and to know what care to provide to their patients. Putting it all together is when a nurse can use their knowledge of concepts and see how they interact. They can also see and understand that if one concept is affected in a certain way, it also affects at least one, but often several other concepts. This allows the nurse to focus on patient needs and assist with providing the appropriate care. This extends the knowledge of the transition to practice. No studies were located that specifically supported these themes. One study did find that when CBC is instituted in the classroom and in clinical, deeper learning is fostered, students connect theory to clinical situations, and an increase in clinical judgment often occurs (Nielson, 2016). According to participant's responses. this

continued in transition and nursing practice. Another study found when newly hired novice nurses transition to practice they needed time, flexibility, and experience as well as an experienced mentor to further develop clinical judgment skills to meet patient needs (Lasater et al., 2015; Manetti, 2018; Sommers, 2018).

Viewing patients holistically. Several participants indicated by using concepts they could see the entire picture and everything going on with their patients. They stated they could treat the whole patient which is holistic care. This extends knowledge about the transition to practice because no studies reviewed in the literature review found holistic care as theme. This study disconfirm studies that found novice nurses were task focused rather than looking at the entire patient picture (Cazzell & Anderson, 2016; Sommers, 2018). Being educated in a CBC may make the difference and assist CBC-educated novice nurses with providing holistic care.

Making clinical judgments. While 2 participants felt confident in their clinical judgment skills, the majority of participants felt that they lacked good clinical judgments skills. They lacked confidence in this area and tended to need assistance from experienced nurses. They shared they thought clinical judgment skills would come with time and experience. This is supported by a study that found clinical judgment emerged as nurses gained knowledge, clinical experiences, practice, and reflection (Raymond et al. 2018b).

Superordinate Theme 4: Experiencing Job Satisfaction

Enjoying the experience. All of the participants decided to become nurses because they cared about people and felt they could make a difference. They felt the

benefits of being a nurse were seeing patients improve; making a difference in the lives of patients and their families; having feelings of self-fulfillment; their schedules; and the benefits package they received. This information may extend knowledge because no studies in the review of the literature explored the satisfaction of novice nurses. It also disconfirms studies that only found dissatisfaction. Several studies mentioned a lack of satisfaction due to the high levels of stress and challenges of the transition to practice (Arrowsmith et al., 2016; McCalla-Graham & De Gagne, 2014; Tong & Epeneter, 2015).

All of the participants decided to become nurses because they cared about people and felt they could make a difference. They felt the benefits of being a nurse were seeing patients improve; making a difference in the lives of patients and their families; having feelings of self-fulfillment; their schedules; and the benefits package they received. This information may extend knowledge because no studies in the review of the literature explored the satisfaction of novice nurses. It also disconfirms studies that only found dissatisfaction. Several studies mentioned a lack of satisfaction due to the high levels of stress and challenges of the transition to practice (Arrowsmith et al., 2016; McCalla-Graham & De Gagne, 2014; Tong & Epeneter, 2015).

Gaining insights. Several participants shared what they have learned during their own unique transition to practice experience, they shared what their expectations were and how the actual experience of transitioning compared to their expectations. They described issues they were not expecting but were coping with and specific situational issues. This extends knowledge of the transition to practice because they were individual thoughts about transition and no studies in the literature contained these types of insights.

Surviving the transition. The participants in this study felt ongoing education, life-long learning, creating a brain sheet for all care for the day for each patient, using color coding, and self-care were helpful during transition to practice. Most felt transition was not a set amount of time but depended on personal skills and support. Literature supports that during the first year of practice, personal and professional challenges faced by novice are common and this is a period of growth and professional development (Ten Hoeve, Kunnen, Brouwer, & Roodbol, 2018). One finding in this study that extends the knowledge in the transition to practice is that novice nurses need the support of family, significant others, and friends.

Benner's Novice-to-Expert Framework

The CBC-educated novice nurses who participated in this study ranged from novice to advanced beginner according to Benner's definitions. This ranged occurred because the participants had 3 months and 2 weeks experience up to 23 months of experience. The participants with less experience had more in common with novice nurses and the participant's with over 1 year of experience had more in common with advanced beginner. Benner (1984) defines novice nurses as having little to no experience with the patients they encounter and base their care on rules rather than experience. The difference in CBC-educated novice nurses is that they base their care on concepts and not rules. They also base their care on similar previous experiences from class or clinical. Some of the CBC-educated novice nurses were able to identify what was wrong with their patient and what to do based on their knowledge of concepts. In nursing practice today, it is expected that nursing students are at the novice stage, and upon graduation, as

novice nurses in healthcare institutions, nurses should be at the advanced beginner and all participants shared that they based their care on concepts situational knowledge base on which to base their care (Benner, 1984). The participants who had 10 months to one year or more of hospital experience did share how they based their care and clinical judgments on previous experience,

CBC is designed to provide the knowledge and comprehension of concepts which can be applied to any patient (Giddens, Caputi, & Rodgers, 2015). These concepts are then used in clinical situations so that nursing students can apply them to patients, conceptualize their knowledge, reflect on previous experience, and have a base to build further knowledge by constructivist learning (Giddens et al., 2015), Participants shared how they applied concepts to patients and thought about their previous experiences whether it was class, clinical, or practice which is reflection. They also felt they could build on the foundation they received in nursing school and build on previous experiences.

Tanner's Clinical Judgment Model

Some participants shared that they depended on experienced nurses to assist them with clinical judgment, how they developed clinical judgment, and provided examples of how they used clinical judgment in a patient situation. This range of answers was related to the amount of experience the participants had in nursing practice. Developing skill in clinical judgment may also take different amounts of time for each individual due to the ability to think critically. The knowledge of concepts did allow participants to put it all together, see how concepts were connected, and view the patient as a whole. Tanner's

(2006) clinical judgment model consists of 4 steps which are noticing, interpreting, responding, and reflecting. Clinical judgment can mean assessing a patient and identifying an immediate problem or noticing a change in patient condition, either of which requires a decision to act or not to act (Tanner, 2006). Most participants (n-7) were able to perform the first step of noticing because they shared, they noticed a change in patient condition. The majority understood what the change in condition meant which is the second step of interpreting. Novice nurses may notice changes in condition or deterioration in a patient but may not have the experience to know the correct course of action (Lavoie, Pepin, & Cossette, 2015). Many participants based their actions on the knowledge of concepts and how they connect. Only with time and experience can a nurse possess the ability to choose the correct course of action (Benner, 1984; Tanner, 2006). The participants with 10 months or more of experience often knew what care and interventions needed to be provided for most situations. Participants with less experience knew what to do with changes in condition that they had experienced before.

In the review of the literature, it was stated that novice nurses educated in a CBC may be equipped to think critically, reflect on their experiences, and use clinical reasoning to practice clinical judgment to assist with the decision to act and the actual action to be taken for the patient (Lavoie et al., 2015; Tanner, 2006). This was apparent in the participants with more experience and was developing with participants with less experience. The concepts and previous experience led to improved ability in clinical judgment. The literature also suggested the novice nurse can then reflect on the patient situation, appropriate action, and the outcome to build on their knowledge base for future

situations (Benner, 1984; Tanner, 2006). The majority of participants shared that they reflected on previous experience when providing care to patients; one shared specifically that he reflected on the changes in condition, the actions, taken and the outcome. Based on their report, CBC assisted novice nurses with the development of clinical judgment.

Limitations of the Study

Recruitment of participants was voluntary, there were 8 participants, and the results may not have captured the experiences of all CBC-educated novice nurses making the transition to practice. Another limitation was that there was no way to validate the truthfulness of responses. The participants that were chosen had graduated from a CBC program and were novice nurses transitioning to practice; therefore, the findings can only be applied to that population. One participant was male. There were Hispanic, Caucasian, and Asian participants but no African American participants. No participants went to nursing school directly after high school. In addition, 3 of the 8 participants worked for the same hospital in California so their orientation experience may have differed from the experiences of other participants. Another limitation was, as a novice researcher, I missed the opportunity to delve deeper into some participant responses. One example was a participant stated: “My husband told me to fake it til you make it and that is what I do.” I should have followed up with a probe asking her to explain how she did that and how did she feel about that. This was not evident until I immersed myself in the data after the interview.

Recommendations

Further qualitative research could be conducted with a larger sample size that included African American participants. Also, a qualitative study could be done specifically for novice nurses who went to a CBC directly after high school as these results may differ significantly from adults who had more life experience, another degree, or a previous job. A quantitative study could be done with a larger sample size so that comparisons could be made as to what was the most beneficial factor in a concept based nursing school program related to concept focused learning. The factors most beneficial in the healthcare facility's transition to practice program could also be examined. A final recommendation would be to compare the development and practice of clinical judgment in CBC-educated novice nurses to traditionally educated novice nurses.

Implications

This study elicited several findings that have the potential for positive social change for educators, novice nurses, patients, and healthcare organizations. The insights gained may reveal needs of CBC-educated novice nurses and provide information about facilitators and barriers to successful transition to practice as well as challenges with using critical thinking and clinical reasoning in order to make clinical judgments and may be useful to other novice nurses as they transition to practice. An understanding of the challenges experienced by novice nurses who participated in a CBC, can aid nursing faculty to determine the need for curriculum revision in CBC schools of nursing. The challenges experienced by the novice nurse as they transition to the clinical setting may be of used by healthcare organizations to design on-boarding education to meet the needs

of and retain novice nurses. The insights from this study have the potential for a positive social effect on patient care by increasing safety, quality, and patient satisfaction by improving the successful transition to practice of novice nurses. The results of the study may be used by educators to evaluate the curriculum for changes to facilitate the transition of graduates into the clinical settings who can use critical thinking and clinical reasoning when providing care to patients.

Schools of Nursing

This study found that a variety of methods such as case studies, concept maps, simulation, NCLEX questions, reflection, and clinical experiences were beneficial to participants in applying concepts in clinical, increasing learning, and putting it all together in order to provide safe, quality patient care. No participant who had experienced all of these methods of teaching concepts in nursing school. Since different students have different learning styles, all of these methods could be used in CBC in a combined approach to benefit a wider variety of learning styles and increase learning and comprehension. In addition, some participants shared that the classroom was flipped, and they were actively engaged, and they felt this assisted in learning and applying the concepts.

Clinical experiences were also instrumental in participants learning to connect concepts and to put it all together. In order for this to occur, the students should be assigned patients with an illness or disease that have a component of the concepts they are learning. The skills of the clinical educator are also important. They must understand the concepts, what the students have been taught about them, and then extend that

learning in the clinical situation. Reflection can be done either in post-conference, journaling, or both.

Many of the participants felt that they lacked skills. The lack of skills included hands-on nursing skills in addition to other nursing skills including admissions, discharges, client teaching, time management, clinical judgment, prioritization, and delegation. Hands-on skill practice could be made available in the lab for student practice. In clinical rotations all the other items could be addressed. The instructor could make sure every student has at least one discharge, one admission, and do client teaching every semester. The instructor could also volunteer students for any skills for any patient on the unit. During post-conferences a discussion about delegation, prioritizations, clinical judgment, client teaching, and time management could be planned for every semester. Each semester could build on what was discussed in the previous semester. In class, case studies and simulations could include these topics, critical thinking, clinical reasoning, and clinical judgment to increase learning and application of concepts. These strategies could be beneficial in producing novice nurses who are better prepared to successfully transition to nursing practice and meet the healthcare needs of the people and the nation.

Novice Nurses

The study results may benefit novice nurses as they transition to practice. All of the participants had challenges, stress, or lack of confidence in their abilities which appears to be an expected and uncomfortable process that occurs during the transition to nursing practice. Some nurses already transitioning may feel that this is not for them, and

the participant in this study who felt that way in the beginning, now loves nursing. Novice nurses need to realize it may take close to year or longer to feel comfortable. The participants who were able to work at a healthcare organization that had a lengthier orientation process for novice nurses, did not have as much stress, anxiety, and difficulty as those nurses who did not have an on-boarding program or had a very short orientation. New graduate nurses may see the benefit of this and choose a healthcare organization that has a formal orientation program. Finally, novice nurses need to realize transition to practice will be challenging and the challenges may be different for every novice nurse. : Preparing novice nurses for what to expect during the transition to nursing practice can yield positive change..

Patients

One of the key findings of this study was that CBC-educated novice nurses use concepts to put it all together and practice holistically. All participants became nurses because they cared about people and many felt satisfaction from having relationships with their patients. Patient satisfaction is increased when nursing care is provided holistically which is an important rating for healthcare organizations (Jasemi et al., 2017). CBC-educated novice nurses are capable of providing safe, quality care to patients.

Healthcare Organizations

Many novice nurses leave their positions within one to three years which results in a financial burden for healthcare organizations and negatively impacts patient safety and staffing ratios (IOM, 2011; Kovnar et al., 2016; Vergara, 2017). Healthcare organizations invest time and money when hiring nurses. Novice nurses who choose a

healthcare organization that has a formal on-boarding process and a lengthy orientation program as well as a lengthy mentoring program are more likely to experience less stress and are more likely to stay. Healthcare organizations should consider having a residency, internship, or other on-board education. This education could include resources for time management, delegation, and prioritization. Many novice nurses feel weak in these areas and resources could decrease the amount of time it takes novice nurses to increase their skills in these areas. Also, preceptors should have formal training on how to work with novice RNs. Education should be provided for all nurses about what the challenges are for novice nurses and how they can be instrumental in providing support and encouragement.

Conclusion

While CBC novice nurses find transition challenging and stressful, their knowledge of concepts assists them with the transition to practice. Healthcare organizations require nurses who are competent, caring, and able to critically think and exercise clinical judgment in order to provide patients the best care possible (Adams, 2015; Reiger, et al., 2015). Novice nurses who were educated in a CBC have an increased readiness to transition to practice due to their understanding of concepts taught in their school of nursing. CBC-educated nurses are ready and able to provide the type of care required to meet the healthcare needs of the nation.

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Appendix A: Recruitment Posting

RESEARCH VOLUNTEERS NEEDED

Hi, my name is Kim Hostetter and I am a PhD in Nursing student at Walden University conducting a study about the transition to professional practice of nurses educated in a concept-based curriculum. Please call me or email me by (date) if you are interested and would like to participate in this study.

To participate you must:

- Be a Registered Nurse and work in a hospital setting
- Have been educated in school of nursing using a concept-based curriculum
- Have at least 3 and no more than 24 months of experience

You will be asked to participate in one interview that is:

- Private and confidential
- Conducted via Skype
- 1 to 1½ hours in length

I am available to discuss this in more detail and answer any questions you may have about the study or participation. Please contact me at:
Phone: 302-858-8036 or Email: kim.hostetter@waldenu.edu

The Walden University Institutional Review Board, study #12-16-19-0259365, has approved this study.

Appendix B: Recruitment of Potential Participants Eligibility Questionnaire

Hello _____,

Please circle the correct response.

1. Did you attend a school of nursing using a concept-based curriculum?
    a. Yes
    b. No
2. Have you obtained your registered nursing license?
    a. Yes
    b. No
3. Do you have previous healthcare experience as a Licensed Practical Nurse, Paramedic, Certified Nursing Assistant, or Armed Services Medic?
    a. Yes
    b. No
4. Are you willing to participate in a recorded Skype interview that could last for 60 to 90 minutes.
    a. Yes
    b. No
5. Do you have access to Skype?
    a. Yes
    b. No

Please send this to kim.hostetter@waldenu.edu

Thank you, Kim Hostetter Graduate Researcher

Appendix C: Demographic Survey

Hello _____,

Please circle or fill the response that represents the most accurate description of your individual professional profile.

1. Age: _____ years

2. Gender: a. Female b. female

3. Ethnicity: a. Caucasian (white) b. Black c. Hispanic d. Asian

e. Other _____ f. I do not wish to include this information

4. Area of specialty:

a. Adult Medical/Surgical b. Adult Critical Care c. OB/Post-Partum

d. NICU e. Pediatrics f. Emergency Department

g. Oncology h. OR/PACU i. Other _____

5. School of Nursing Attended (name, city, state located):

_____

6. Date of Graduation: _____

7. Degree Received: AD: _____ Diploma: _____ BSN: _____

8. Date of Hire (as a Graduate Nurse): _____

9. Length of orientation to your unit: _____

10. Today's date: _____

This information is confidential. Please return this to kim.hostetter@waldenu.edu

Thank you,

Kim Hostetter, Graduate Researcher

Appendix D: Interview Protocol Guide

Date of Interview:

Start Time: End Time:

Code of Interviewee:

Name of Interviewer:

Recording Mechanism:

Introduction to Interview:

Hello, Mr. or Ms. (Participant's Name), thank you for taking the time to participate in this study and Skype with me today. This interview will contribute to a study I am doing exploring the experience of transition to professional practice of concept-based educated nurses. You have been invited to participate because you have personal experience with to professional nursing practice. As stated in the informed consent the interview will be taped so I can listen attentively without writing your responses. I may jot down a few notes, but the recording can aid my memory and assist with making a transcript that I will send to you to verify accuracy. After this process the recordings will be permanently deleted.

The questions are designed to have you describe your experience and share your thoughts, feelings, and perceptions about your personal experience of transition to practice. You may be aware of friends and co-workers' experiences, but I would like you to share your unique perspective. There are no right or wrong answers or no right or wrong feelings about this experience. If you could provide as much detail as possible when answering this would be helpful. Please provide anything you would like to share.

As I described in the informed consent, everything you share and your identity will remain confidential, and you have the right to withdraw from the study at any point. Are you ready to begin?

Research Questions

Research Question:

What are the lived experience of novice nurses who graduated from a nursing program with a concept-based curriculum as they transition into practice?

Interview Warm-up Question: What can you tell me about yourself?	Prompts: Why did you decide to become a nurse?
Interview question 1: What can you tell me about your transition to practice?	Prompts: Orientation? Feelings? Any fears? Expectations?

Interview Question 2: What difficulties, if any, are you currently experiencing with the transition from the "student" role to the "RN" role?	Prompts: Patient acuity? Nurse to patient ratio? Work schedule? Preceptor?
Interview Question3: What are your perceptions of personal and professional changes or strategies necessary to transition to practice?	Prompts: Home responsibilities? Thought processes?
Interview Question 4: What from your concept-based education helped or hindered the transition?	Prompts: Flipped classroom? Concept maps? Refection journals? How was _____ hepful?
Interview Question 5: How did you apply concepts to patient situations?	Prompts: Nursing school clinical experience? Hospital experience? Reflection?

Interview Question 6: What can you tell me about using clinical judgment in a patient situation?	Prompts: How would you describe? What was your thought process? Recognizing change in patient condition?
Interview Question 7: What aspects of your work environment are most satisfying? Least satisfying?	Prompts: Schedule? Co-worker relationships? Organizational culture?
Interview Question 8: How would you describe interactions with nursing peers at your institution?	Prompts: Supportive? Mentoring? Bullying? Eat their young?
Interview Question 9: How did this experience of transitioning to practice affect you?	Prompts: Time management? Feelings? Differences from prior or initial start? Finished or still transitioning?

Question 10. Closing Your responses have given me insight into your experience of transitioning to practice. Would you like to share anything else on the transition or how you feel about what we discussed?	Prompts: Why do you feel this is important? How often did you experience _____? Thank you!

Closing the interview:

Thank you, (participant's name) for taking the time to meet with me and sharing your experience of transitioning to practice. The information you provided will be helpful in this study. If you have anything you would like to add or have questions, please don't hesitate to contact me.

My contact information is:

Email: kim.hostter@waldenu.edu

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Appendix E: Observations Sheet

Participant: _____ Date of interview: _____

Warm up question:

SQ1.

SQ2.

SQ3.

SQ4.

SQ5.

SQ6.

SQ7.

SQ8.

SQ9.

Closing Question:

Overall impression:

Thoughts:

Appendix F: Debriefing

Dear _____,

Thank you again for participating in the study about transition to practice. I would like to ask your permission to contact you within 4 weeks to clarify any information you provided. I would also like to send you a transcript of the interview for verification. If this is acceptable, how would you like to be contacted?

The title of the study you participated in is 'Lived Experience of Concept-Based Educated Novice Nurses Transition to Practice". The purpose of this study is to explore the transition of novice nurses who graduated from a concept-based curriculum to clinical practice. This information may assist nurse educators teaching concept-based or onboard nurse educators at healthcare facilities to ease the transition of novice nurses to clinical practice.

After all data is collected, I will conduct an analysis to identify similar ideas from participant answers to the research questions. The similar data will be grouped together in a common theme. The data will be kept confidential throughout the study. When the study is complete, I will make a copy available to you.

You may contact me at any time at kim.hostetter@aldenu.edu

You can choose to withdraw from the study at any time.

Once again thank you for your participation in this study.

Sincerely,

Kim Hostetter, Graduate Researcher

Appendix G: Area of Specialty and Length of Orientation

Specialty	# of Participants	Length of Orientation
ICU	1	6 week
ICU	1	16 months (12 Telemetry, 4 ICU)
ICU, Step-Down, and ER	1	3 months
Mental Health and ER	1	6 days
Med-Surg Step-Down	1	6 weeks
Med-Surg Telemetry	1	6 weeks
Med-Surg	1	2 months
Pediatric Oncology	1	11 weeks

Appendix H: Ethnicity and Education

Ethnicity		Education	
Caucasian	4	ADN	4
Hispanic	1	BSN	3
Asian	3	MSN	1

Appendix I: Duration of Interviews

Participant (Number)	Introduction (Hr:Min:Sec)	Length of Interview (Hr:Min:Sec)	Debriefing (Hr:Min:Se	Total Time (Hr:Min:Sec)
P1	0:09:30	0:54:02	0:08:10	1:11:42
P2	0:11:03	0:39:52	0:12:06	1:02:01
P3	0:15:09	0:48:12	0:11:14	1:14:35
P4	0:09:17	0:36:47	0:10:20	0:56:24
P5	0:07:52	0:57:22	0:15:03	1:20:17
P6	0:10:42	0:45:56	0:12:23	1:09:01
P7	0:12:02	0:52:51	0:08:05	1:12:59
P8	0:14:08	0:41:43	0:12:20	1:08:11

Appemndix J: Identification of Emergent Themes Examples

Original Transcript	Emergent Themes
"I have so much support from my peers that like if I have a question or run into a dilemma, I'm not going to be alone." "In ICU I had one preceptor, she was amazing".	Peer and preceptor relationships
"I've come across a lot of different not necessarily taught them but are able to identify them because of those things we learned with each concept. You know, it makes a huge difference. I don't feel so clueless and that is half the battle."	Concepts
"Nursing school sets a solid foundation"	Nursing school:
"I am still transitioning, and I think I will be transitioning for a long while	Transition
"that nurse management makes a really, really big difference. The nurse manager, t he nurse supervisors, they influence the unit"	Hospital support

(Table continues)

Original Transcript	Emergent Themes
"for the very first three months when I was on MedSurg, it made me question actually why I was a nurse. And I think that was really tough because I, at that time, I thought that nursing wasn't for me"	Job satisfaction
"I had anxiety about it, and it's had a lot of challenges I didn't realize were going to exist."	Challenges
"I have good critical thinking skills, and I am still learning clinical judgement."	Clinical judgment
"I realize I need the practice and I need the experience so I feel more confident.	Confidence
"You are always learning and evolving as a nurse."	Continued learning
"I realize I need the practice and I need the experience so I feel more confident.	Confidence
"You are always learning and evolving as a nurse."	Continued learning